

*Emotional
Security*

Emotional Security

By

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To My Wife,

LILLIAN

Foreword

I HAVE tried to write a book which would give as complete a picture of psychoanalysis as is possible within the confines of one volume. The special emphasis has been on the contributions toward more effective living—the psychoanalytic ideas which can become part of the daily life of people struggling toward *emotional security*.

While this book is not primarily intended as a “self-help” volume, the intelligent layman, who is seeking some framework for understanding his problems, has been kept constantly in mind. This approach is in keeping with the trend for psychiatry to play a more dynamic role in community life and social action than it has up to the present.

There has been no attempt made to defend any special orientation. We have started with the factual data of the Freudian theory, but have sought a theoretical framework which would have a sufficiently broad base to include the work of the anthropologists, the latter-day theoreticians like Horney and Alexander, and the recent factual contributions on human sexual behavior. This approach has been motivated by a desire to find, if possible, a common denominator for the many apparent contradictions—with an avoidance of additional polemics in an already highly controversial field. In the attempt to construct such a new base line, which will be capable of further growth and development, it has been necessary to draw upon the positive contributions of many psychoanalysts.

In order to accomplish this without getting lost in detail, it has been necessary to deal with generalities first, leaving our finer dissections for the latter portions of the book. Many complicated symbolisms and the rarer sexual perversions have been omitted completely because they are of technical interest only and are covered extensively in other works.

The attempt has been made to incorporate into our theories, the many recent biological contributions—from physiologists

like Cannon, biologists in animal sexual behavior like Beach, and from academic psychologists who have built upon the conditioned reflex school of Pavlov. The recent contributions of Kinsey on human sex behavior have been incorporated and interpreted into our analytical constructions. As far as possible I have tried to include an appropriate sociological orientation, not only in terms of comparative anthropological studies of primitive cultures, but also in terms of recent important changes in our own culture.

While such a social orientation is important, the primary concern has been with the individual—who comes to the physician's office looking for help. Despite such a therapeutic emphasis, this is not a book on "brief" therapy, nor does it offer a simple solution for complex emotional problems. No such simple formula is available at the present time.

Many sources have been drawn upon for the type of integrated effort which has been attempted. Whenever possible, credit has been given, but it was not always possible to stop the discussion in order to give full acknowledgment for the source of the idea. The bibliography at the end will serve to document the primary sources of original contributions.

My own personal indebtedness, however, cannot be expressed in bibliographic footnotes, for I have drawn very extensively from my personal contacts with teachers and colleagues. I am especially grateful to those who have stimulated me toward originality, who have opened new avenues for observation and thought, who have refused to look upon psychoanalysis as a "closed system." I found this type of guidance from Dr. Abram Kardiner, who first introduced me to a comparative study of culture and whose studies on the traumatic neurosis served as my first contact and stimulus to a more functional approach toward the neurosis. I am also profoundly grateful to Dr. Sandor Rado, whose brilliance, originality, and flow of ideas have been a continuous source of amazement and inspiration to me. Both of these men have profoundly influenced me, but I am in a dilemma as to how to acknowledge their help. I feel that I cannot commit them too deeply to an over-all scheme for which I have to take the ultimate responsibility. On the other hand, taking the responsibility

myself carries with it an assumption of originality which obviously cannot be the case in such an effort.

I should like also to express my personal appreciation to other members of the faculty of the Psychoanalytic Clinic for Training and Research, Department of Psychiatry, Columbia University — for my association with them has been a stimulating and pleasurable experience, which has exposed me to the best in psychoanalysis in an atmosphere free of contention and rigidity. Many thanks therefore to Drs. N. D. C. Lewis, George E. Daniels, David M. Levy, Nathan Ackerman, Robert Bak and Viola Bernard.

Many of the ideas in this book have been discussed extensively with colleagues and some were kind enough to criticize the manuscript. I should like, therefore, to express my appreciation to Drs. I. S. Wechsler, Lewis Wolberg, Sidney Tarachow, Irving Bieber, Charles Fisher, Eva Klein, Daniel Lipshitz, Robert C. Herman and Mr. Samuel Whitman.

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Introduction

LET us begin our book with a word of caution. There is really no adequate definition of the neurosis. Yet we are going to write primarily about those people who come to psychiatrists, announce that they are "neurotic" and ask for our help to relieve their suffering. They tell us they are anxious, insecure, depressed, or have fears. They tell us they don't get along with people. They tell us they have sexual problems. They tell us they can't work properly, that their thinking is confused. They tell us they have physical symptoms which their doctors call "psychosomatic." These are the people who come to us and whom we label "neurotic."

How about all the other people who have similar difficulties and do not visit psychiatrists? Aren't they neurotic too? Very likely, yet in their own environment such a diagnosis might not be made. In the rural areas, many such are simply called "peculiar," and nobody makes any fuss about them. They are accepted by others as variations of the normal unless they get into trouble with the law.

In the more sophisticated environments, practically anybody may be labeled neurotic. Many an amateur psychiatrist is convinced that all the people around him are on the verge of "nervous breakdowns." And with the increasing popularization of psychiatric language, a person who was formerly called a "bum" is now labeled "maladjusted"; the perennial bachelor who was gossiped about in just those terms is now designated as an "unconscious homosexual"; while the word "neurotic" has taken on almost universal usage.

All this begs the basic question. Why do some people with apparently real reasons for being disturbed seem to be at relative peace with themselves while others go into panic for less serious causes? What compensations do the former have?

If we attempt to supply a definition of neurosis which includes

all overt neurotics, it would be so vague as to encompass almost the entire population. If we narrow our definition to include only the well-recognized clinical groups (such as *anxiety hysteria* or *compulsive obsessive neurosis*) we would exclude much of suffering humanity and many of the people who seek professional help.

Since we find it difficult to supply a definition which is not nebulous, let us approach our problem from another point of view. What causes a neurosis?

There have been endless explanations of why people become emotionally disturbed. It would serve no useful purpose, at this point, to review all the moral, religious and mystical conceptions of mental disease. For the present, we are largely concerned with recent scientific findings.

Most modern concepts of emotional disturbances derive from the theoretical formulations of Freud, whose theoretical contributions attacked the problem from almost every possible angle. We will attempt to classify the known theories with the understanding that neuroses may have a multiplicity of causes and that no one theoretical concept is complete in itself.

TENSION OR "PLUMBING" THEORIES

Psychoanalytic theory began with the description of "Anna O." by Joseph Breuer and Sigmund Freud. They made the significant observation that a past traumatic event, "a hurtful experience which the patient did not remember," was the basic factor in the production of her neurosis. This opened the era of *Tension or "Plumbing" Theories* in which a repressed memory or an unresolved emotional conflict was considered the basic core of neurotic behavior. Stimulated by this discovery, Freud began to devise techniques for exploring the unconscious. He gave up hypnosis as inadequate, found *waking suggestion* (advising the conscious patient) ineffective, and finally settled on *free association* and *dream analysis* as guides to the unconscious. It was soon discovered that the *abreaction*, or reliving the original traumatic event, had an enormous therapeutic effect on the patient. Thereupon, all efforts were directed toward bringing into consciousness

the repressed memories, feelings and strivings which were disturbing the patient.

Using these new techniques, Freud embarked on some of the most brilliant and ingenious studies of human development ever undertaken. In his earlier cases, when dealing with hysterical females, he thought he found repressed adult sexual factors to be the almost invariable basis of the emotional disturbance. Further studies, however, revealed that a hurtful sexual experience which occurred in adult life was in itself an insufficient explanation for an emotional disturbance, and that the method of exposing of the unconscious (*catharsis*) did not necessarily succeed when based on this assumption alone. Freud, still operating within the framework of the repression of adult sexual hurt as the cause of neurosis, was, therefore, forced to seek a broader base for his theory of the neurosis.

This he accomplished by formulating the *libido theory*, which expanded our ideas of sexuality and led to further developments.

The *libido theory*, for the first time, described childhood sexuality and gave science a novel and dynamic view of human sexual development. It opened up many new avenues for research, pointing the way to a mobile understanding of the repressing forces of the human mind. This evolved into the theory of the *Oedipus complex* which will be discussed later.

The *libido theory* also described the possibility of sexual feelings as arising from sources other than the genitals. Freud revealed the existence of erotic sensations deriving from the mouth, anus, skin, etc., thus broadening our understanding of the variability of sexual feelings.

Freud also demonstrated, within the *libido theory*, that feelings of homosexuality were greater than was formerly believed, and the unconscious manifestations of homosexuality among neurotics were frequent. This took the phenomenon of homosexuality out of the exclusive domain of perversion and made it a more dynamic force in the study of normal and neurotic human behavior.

Freud further showed that many activities which were apparently unrelated to the sex drive contained sexual components and meanings for the patient. Athletic, artistic or intellectual pursuits — or other emotions, such as rage, fear and grief — were found to be involved in the sexual impulse.

As part of this new formulation, Freud conceived of the *libido* as a chemical, life-giving, energizing force which, if unliberated, could lead to a damming-up of emotions and consequent production of anxiety. The effective use of this libidinal energy became the basis of his *pleasure principle*. The release of this energy through unfolding unconscious repressions became the goal of psychoanalytic therapy.

All these extensions of the sexual concept gave new scope to Freud's attempts to expound the unconscious sexual factors which produce the neurosis.

New elements then came under examination — especially the nature of the repressing forces within the individual. When he studied these more fully in *The Problem of Anxiety* he came to the conclusion that repression was not the cause of neurosis, but its result; and that the individual originally "repressed" because he was anxiety-ridden. However, so much valuable work had been done that, even though it had been based on a limited premise, most of the factual material remained intact. And even though the treatment of emotional difficulties by *abreaction* or *catharsis* was not always successful, within its limits, it produced results. As for the general public the original concept of repression as causing neurosis has always remained Freud's most startling contribution, and many literary and dramatic interpretations of psychoanalysis still utilize this single device as "psychoanalysis." Also, for many confused people, the possibility of finding salvation through fulfillment of instincts has offered an attractive justification for "uninhibited" behavior.

The cathartic method was also an appealing idea because of its obvious roots in earlier and more primitive methods of therapy. Many primitive tribes used the "casting out of evil spirits" as the basis for therapy, while blood letting and intestinal purging were still very much part of the medical treatment throughout the nineteenth century. The evacuation of pus from a festering wound, for instance, and the subsequent healing, have always provided a dramatic demonstration of surgical therapy. All of these "cathartic" methods were seemingly applied by Freud, through *free association* and *abreaction*, to the sufferings of the human mind.

CONFLICT OR "WARFARE" THEORIES

Prodded by his students, and especially by the defection of Adler, Freud opened a new era in psychoanalytic theory with *Beyond the Pleasure Principle*. With this work, he introduced the conflict of opposing forces: the life instinct versus the death instinct, Eros versus Thanatos.

So originated the study of internal conflict, another apparent source of the *neurosis*. Obviously, if the instincts were repressed, there were powerful intra-psychic forces operating to accomplish this. New mental mechanisms came under observation, and in the book *Ego and the Id*, Freud departmentalized the human mind into three interrelating components — the *id*, the *superego* and the *ego*.

The *id* became both the generating source and reservoir of the infantile instinctual libido, and its chaotic striving — which was a constant threat to the organism, yet, when repressed, caused *tension*.

The *superego* was visualized as an internal watchdog or conscience whose values were derived from the pressures of early childhood when the parents and teachers inculcated the child with social values and taught it which impulses were unacceptable to its environment.

The *ego* was considered the integrating contact within the individual, attuned to the instinctual demands of the *id*, on one hand, and the culturally determined self-punitive regulation of the *superego*, on the other hand.

The study of these internal conflicts became the task of psychoanalytic theory, and many new contributions began to appear — especially in the field of character analysis (Reich) and the study of the total personality (Alexander). Anna Freud described *defensive mechanisms*, other than repressions, in *The Ego and Its Defenses*. In addition, external or sociological factors became increasingly incorporated into the newer theories.

It was also becoming increasingly apparent that the *ego* had functions other than the mere repression of instinctual impulses. It had a hand in the adapting of the personality to a real world. But this aspect of ego-functioning was slow to achieve recognition, since earlier analytical efforts were built almost exclusively on repression of instincts within the individual.

A new light was being thrown on the nature of repression. It was becoming clear that repression itself was caused by internal conflicts and that these conflicts were three-way battles among the *id*, the *ego* and the *superego*.

At first this internal struggle was visualized as the primary source of neurotic behavior, with tension and repression considered to be the result of a clashing of these unconscious forces.

Later, however, these *internal conflicts* were no longer regarded as completely decisive and some analysts turned their attention to *external conflicts* — to what extent cultural and environmental factors were effective in the production of neuroses.

The original concept of *superego* also was expanded when it became apparent that it served other functions than the simple repression of unacceptable inner impulses. Its importance to the outside world became crystallized in the concept of *ego-ideal* and the *idealized image* (Alexander, Horney). Thus the *superego* became split into two forces: first, a self-punitive force which constantly warned the *ego* not to submit to its instinctual drives; second, a force which controlled social aspirations, ideals and common goals with other human beings.

With these developments, less emphasis was placed on *historical reconstruction* (patient's past history), and more attention was focused on what was happening in the analytical office (*transference phenomena* — relationship of patient to doctor) and in the realistic world in which the patient lived. As an extension of these newer orientations, several authorities began to reject the *libido theory* and offered other therapeutic systems revolving about *character structure*, *interpersonal relationships*, *social* and *inner conflicts* — rejecting almost completely the original basis of psychoanalytic theory.

These newer formulations oriented themselves about *external conflicts* and the struggle of man to adapt himself, in his complex human relations, to a cultural setting. This has since become known as *character analysis* as distinguished from *instinct analysis* (*libido theory*). The sexual factors in these newer theories began to fade into the background and the reconstruction of childhood experiences was considered less significant.

Most analysts, however, have found these modifications unacceptable since they reject too much of a carefully built founda-

tion which, while it had weaknesses, was still capable of expansion.

The *conflict* theories of neurosis, whether oriented in libidinal or cultural terms, had valid application and were close to the understanding of many people. They offered an obvious parallel to previous conceptions of dualistic forces: good versus evil, God versus the Devil, life versus death, culture versus the individual, the vested interests versus the exploited, masculinity versus femininity, etc.

ADAPTATION OR "EVOLUTIONARY" THEORIES

Almost from the very beginning, Freud entertained a third approach to the understanding of neurotic behavior. More functional than the others, this approach was based on levels of fulfillment or the attainment of a mature personality. This was a more evolutionary point of view, influenced by Darwin's contributions in biology and Frazer's work in anthropology.

Within the framework of the *libido theory*, Freud conceived of the mature personality as one which achieved full genital expression in adult sexual activities. He described lesser levels of adaptation as based on *fixations* or *regressions* to the more immature methods of sexual expression — those experienced at certain stages of infancy and childhood centering about the *oral*, *urethral* and *anal* zones. Neurotic phenomena then were classified according to the levels achieved by the growing child. This theory was later refined by Karl Abraham in much greater detail. Basic maladaptation was considered an inability of the individual to outgrow his infantile (or *pre-oedipal*) sources of pleasure and to achieve the *genital level* during the period of attraction to the parent of the opposite sex — *Oedipus conflict*. All neurotic phenomena were then described as an outgrowth of this crucial conflict, and the subsequent failure of the individual to achieve his greatest potentiality of development.

This concept of the neurosis was to a large extent derived from observations of the regressive behavior of patients under analytical treatment; it proved fruitful. The fact that patients were capable of re-enacting many infantile attitudes under the care of the analyst gave new insight into the nature of the child's dependent attitudes.

New studies of immaturity and the nature of the maturing ego

began to emerge, and the developing process of infancy came into the limelight. The nature of the child's dependency upon the parent and its effect in weakening the *ego* were critically examined. Ferenczi carried these ideas further in *Stages in the Development of the Sense of Reality* in which he described the nature of the "magical" dependency of the child and the mental mechanisms associated with its outgrowth. Rado then described the importance of this system of attitudes in the relationship between patient and analyst and the similarity to the therapeutic process in hypnosis. He subsequently developed these ideas into new principles of analytic therapy. He began to unfold a new psychoanalytic theory based on levels of integration — somewhat apart from the framework of the *libido theory* — and based on biological adaptation for pleasure and survival.

Erich Fromm applied these newer ideas to the understanding of the nature of religious motivation and human relationships. The first systematic attempt to find a theoretical structure for these changing ideas was undertaken by Abram Kardiner in his studies of the *traumatic neuroses of war* and in his anthropological investigations. From these emerged an emphasis on dynamic adaptation and the disturbances of function, rather than the vicissitudes of instincts. The emphasis slowly moved from the philosophical "why" to the more physiological "how." As an outgrowth of these newer ideas, psychoanalytic therapy was again subjected to change. The shift went toward a more functional, adaptational level.

Some of the recent therapeutic innovations have been in the direction of new systems of therapy, but without effecting any basic change in the theoretical psychoanalytic structure. The recent efforts of Horney, Sullivan and Alexander have attempted to simplify psychotherapy by rejecting some of the original Freudian ideas; in the process of doing so, they have selected certain elements for special emphasis and amplification. In this development, these workers have tended to de-sexualize psychoanalytic theory and to minimize the investigation of early childhood experiences.

In the following pages, we are going to attempt an over-all integrated scheme: *to find a frame of reference which will include*

all of the available data in a simple form, oriented toward therapy rather than research. In order to accomplish this, we will deal with generalities first. Since our stress is not on the question of clinical facts but their alignment, we should like to bring them all into focus and try, if possible, to rearrange them into a comprehensive and applicable system.

To find such a common denominator, or a new theoretical base line, we must search for the common elements in the mass of conflicting theories. Any new theoretical formulation should take into consideration the contributions of previous theories and attempt to resolve former apparent contradictions. It is important, however, that such an effort should lead to a more meaningful description of the problems of our times with special emphasis on sexuality, which seems to be a barometer of personal adjustment. We have, therefore, reversed the usual sequence of events and placed our sexual chapters toward the latter part of the book, to be discussed after the basic orientations have been elaborated.

Before we proceed with this effort, it might be well to introduce some of the basic classifications utilized by analytic theoreticians. We present such an outline in Chart A.

1. Freud's Classification of Neurosis	Actual	Transference	Narcissistic
2. Freud's Structure of Mind	Id	Superego	Ego
3. Freud's Libido Theory	Genital (suppression)	Oral	Anal-Urethral
4. Alexander's Vector Theory	Retention	Reception	Elimination
5. Horney's Interpersonal relationships	Moving Away	Moving toward	Moving Against
6. Rado's Levels of Integration	Hedonic	Emotional	Thought

CHART A

The arrangement of ideas in this chart is not intended to indicate that the terms in each column are exactly equivalent. They are presented to demonstrate the types of orientation which we will attempt to integrate into an over-all scheme in our subsequent formulations. We will refer to many of these ideas later in the book, qualifying them in the appropriate sections.

At this point, however, it might be well to point out that all of the theoretical structures are essentially constructed on a tripartite basis — which we shall also use as a basic framework in an attempt to find the common elements in all of the psychoanalytic theories. It is also possible to find earlier formulations of a religious or philosophical nature which also have a three-way structure. In addition, Kretschmer devised a three-way classification of mental disorder based on bodily constitution — pyknic, athletic and asthenic types. For our purposes, however, we will begin with the psychoanalytic ideas first proposed by Freud.

Chapter I

BREAKDOWN IN ADAPTATION

HAVING reviewed the various known theories of the neuroses, we feel that there is no reason to believe that any one orientation is the *only* correct one. The one we generally prefer is essentially built around the study of the neurosis as a defect in adaptation.

We conceive of the individual (or organism) as being in a constant state of equilibrium with his environment. Under these circumstances, he is under pressure to gratify his own internal biological needs and to establish a secure relationship to his environment, which may vary in complexity and difficulty. When the state of equilibrium is disrupted, anxiety may develop.

The psychiatrist under these circumstances evaluates the anxiety state much as an efficiency engineer would appraise a failing factory. Is the physical machinery breaking down? Was it defective to begin with? Are the demands of the environment excessive? Has the organization over-reached itself, or should it have expanded a long time ago? Has the plant followed the changing times or is it hopelessly attempting to sell a product in which no one is any longer interested? Is there internal conflict between the various production units, which affects the commodity itself?

Anxiety associated with the breakdown in adaptation may be perceived by the individual as a feeling of displeasure, physical danger, helplessness, loss of self-esteem or threat to survival. If we are to consider such a state as the basic problem of the neurosis, then anxiety becomes our starting point, and it becomes necessary to evaluate the factors which cause a breakdown in adaptation.

In the study of the breakdown in adaptation, it is important to include as many factors as possible. We cannot afford to neglect the biological equipment of man, nor the manner of his development, nor the society in which he lives. All of these factors may be in a constant state of change and each of them (or all in combination) might lead to that breakdown in adaptation which results in neurosis.

Many things can happen to disrupt the relationship between the individual and his environment.

PHYSICAL CHANGES WITHIN THE ORGANISM

The machinery of the organism may break down. This is the simplest type of breakdown in equilibrium: that of the organism whose physical apparatus is no longer capable of functioning effectively.

Such a breakdown may be due to chronic disease or based on inborn or congenital weaknesses. While such constitutional factors in the development of neurosis are least explored and understood, they are always assumed as possible factors in breakdown. Although chronic, constitutional or hereditary factors are important in the evaluation of the major psychoses and psychosomatic disorders, and while a considerable amount of work has been done along these lines (especially in schizophrenia), clear cut causative factors have not emerged as yet. There is little doubt, however, that structural weaknesses, hereditary defects or chronic disease limit the capacity to function and therefore lower the threshold to anxiety. Such defects also offer points of diminished resistance through which a later neurosis may flow.

Acute physical injury, infections, illness, fatigue, hunger and the like, may temporarily diminish the adaptive capacity of the organism. These are too well known to merit further discussion. Certainly nobody expects complete emotional stability and effective behavior from a hungry and sleepy man, an acute alcoholic, or from a patient with a rapidly growing brain tumor.

The evaluation of the physical factors which precipitate emotional disturbance was the classical approach of the psychiatrists before Freud. Many psychiatrists in the nineteenth century attempted to classify and explain all mental disorders on the basis of heredity, constitution, or congenital weaknesses. This one-sided approach to the breakdown in adaptation was originally an attractive one and is still employed by some physicians who vigorously explore only the physical aspects of breakdown before they dismiss the patient as "neurotic."

OVERWHELMING INCREASE IN ENVIRONMENTAL DEMANDS

The organism may be suddenly faced with overwhelming demands from the environment. These increased stresses may take many forms.

Physical. War, drought, storm, attack from a larger animal — forces which may overtax the normal adaptive capacities of the organism and fill him with anxiety.

Emotional. Sudden loss of a loved one; abrupt changes in human relationships, such as marriage, divorce, conflict.

Sociological. Complex sociological changes such as revolutions, atomic energy, etc. constantly represent a threat to the equilibrium of adaptation and call for alterations in orientation for which the organism may be unprepared.

CHANGE TO NEW ENVIRONMENT

The organism may move to a totally new environment to which he is unaccustomed, e.g., civilian to army; salesgirl to social register. Or he may undergo a drastic change in cultural or social environment, such as would occur in the case of an Eskimo moving to the United States, or such as occurred among the displaced persons in Europe. The anxiety of the virgin in her first sexual contact and the panic of the charwoman when she wins the sweepstakes are of this order, and may all be related to a lack of "know-how" based on unfamiliarity.

The environmental (or sociological) approach to emotional problems has been emphasized by those psychoanalysts who are primarily interested in sociology, politics and anthropology. Some of these ideas have been developed most extensively by Horney, Fromm, Sullivan and their followers. The study of environmental impact has also been investigated by the experimental psychologists, especially by the Gestalt School and by Kurt Lewin who attempted to diagram the external balance of forces by *vector analysis*.

CHRONIC FAILURE IN ADAPTATION

The individual may be exposed to repeated failure, which causes him to lose confidence in his own ability to meet new situa-

tions. This process may begin early in infancy when the circumstances are beyond his control and condition him to failure, in one or more of his basic attitudes.

It is not always valid to label such difficulties "masochistic," with the assumption that such a patient failed because he wanted to fail, consciously or unconsciously. Some people have early traumatic failures, not of their own seeking, which condition them against seeking out similar situations and therefore limit their functional growth. They cannot keep trying because they have no expectation of successful achievement. They are accustomed to failure only. Success to them in any one area may be inconceivable, and they wouldn't know how to handle it, if it came. Rather than wait for the expected failure, they frequently precipitate it and get over the misery as quickly as possible.

A man who started out in the world to earn a livelihood during the depression years may have become crushed by repeated economic failure. A woman who was rejected by her father and subsequently meets similar rebuffs from men in her early courtships, may lose all confidence in her desirability as a female.

The study of the chronic failures in adaptation, and the internal derangements which follow, has led to the development of *ego psychology*. It has been a fertile field for psychoanalytic investigation, in which many valuable contributions have been made. The historical approach to this problem, combined with physical studies, has formed much of the theoretical basis for the school of psychobiology developed by Adolph Meyer and his students.

INADEQUATE CHILDHOOD PREPARATION

The individual may be utterly unprepared for his future life situation by childhood training which is completely inappropriate. This is the type of failure of adaptation most frequently seen in psychoanalytic practice.

If a child is conditioned early in life to certain techniques of adaptation which are completely unsuitable for adult life, he is bound to run into difficulty. It is possible in our present cultural setting to enforce the suppression of sexual feelings, competitive feelings and creative feelings in a child to such an extent that their future liberation, when needed in adult life for adequate living, is practically impossible. Such an individual will have all the diffi-

culties in adjusting to our society that an Eskimo would have if transplanted to a tropical climate and asked to earn a livelihood. If he fails in his new adaptation, he can only regress to earlier methods of adaptation which are no longer effective.

The greatest anxiety and breakdown will occur in those situations where the least preparation is made for future contingencies. The profound readjustments which are necessary for adolescents in our culture are not as prominent in other cultures where the transitions between childhood and adult life are weathered with considerably less difficulty, because the developing child is adequately prepared for future life situations.

The many factors, internal or external, which lead to a breakdown in adaptation may operate singly or in combination to produce a neurosis. In any one individual, more than one factor may be significant before the neurosis becomes manifest. Thus, a chronically maladapted person may not develop ulcerative colitis until he either develops pneumonia, becomes chronically fatigued, is called off to war, gets married, or loses his mother through death.

Any attempt to describe neurotic patterns based on character alone, or on any one predisposing factor, whether organic or emotional, is necessarily incomplete. There is a constant dynamic interplay between the opposing forces, and every individual has his own point of breakdown. This has definitely been established in the recent war. In the traumatic neurosis of war, all of the precipitating factors of breakdown may hit the soldier simultaneously. In that case, no amount of previous preparation would be sufficient to prevent a breakdown in adaptation. The overwhelmed soldier may be "flooded with inner tensions," yet this is not the cause but the result of his difficulties. He may become filled with conflict, but only because he is rendered ineffectual by inordinate circumstances.

Even more striking is the situation which confronts the newborn child who has neither the equipment nor the experience to adjust to extrauterine life. His temporary breakdown in adaptation at birth is therefore complete. Anxiety is maximal, and he, too, is "flooded with tension." It seems inappropriate, however, to describe all future anxieties as repetitions of this original experience. All neuroses would then have to be considered a de-

sire to return to the security of the mother's womb. This is the *reductio ad absurdum* to which "tension" theories would lead us.

There have been many attempts to differentiate between "real" anxiety and "neurotic" anxiety. Usually, when the cause of the anxiety is obvious (or external) to the individual, it is labeled real anxiety or fear. Thus, if an isolated individual is surrounded by a band of thieves and his life is threatened, the anxiety is called real. There is no reason to believe that the "feeling tone" is any different when the threats are not as obvious, or are unconscious — which is to say, internal. The internal threats (or insufficiencies of adaptation) may be just as menacing to the well-being of the individual. These inner deficiencies, however, tend to be repetitious, more diffuse, and less resolvable because of their unconsciousness and intangibility since they are deeply rooted in childhood. Unconscious determinants of anxiety, therefore, are associated with a greater sense of helplessness and a lessened capacity to handle these feelings on a realistic level. The feelings then have a tendency to spill over into many other activities which may be unrelated to the primary cause. The individual may live in terror while he "shadow-boxes" with life and can never come to grips with his basic problems.

Very frequently, a multiplicity of both conscious and unconscious factors is involved in the precipitation of anxiety states. Oversimplification then of the dynamic forces does real injustice to the complexity of the human mind. More than that, it is apt to be diagnostically inadequate. The accurate evaluation of the involved factors which precipitate a neurosis represents the greatest challenge to the therapist.

RELATIONSHIP BETWEEN MALADAPTATION AND ANXIETY

Is it possible to define any specific disturbance or attitude which can explain anxiety in all cases? No, not when one considers the opposing characteristics of many cultures and takes into account the differences that may exist among families within a given culture. These differences tend to establish varying causes for anxiety in each culture and in each individual. The reason for emotional disturbance in a South Sea Islander may be entirely different from the reason for a similar reaction in an American. In our own

culture, various attempts have been made to define all anxiety in terms of disturbed sexuality (Wilhelm Reich), disturbed expression of hostility, urge to power (Adler), or birth trauma (Rank). All of these monistic theories of causation are partially true only because they are universal in our culture and therefore can be found in almost every neurotic as well as every normal person.

Leaving out the disturbances in adaptation which are decisive for survival, such as eating, breathing, etc., *the one defect which universally causes anxiety, in all cultures, is the loss of capacity to make effective contact with other human beings — in effect, isolation.* Primitive cultures are well aware that the worst punishment for an offender is ostracism from the tribe. Emotional isolation is equally as anxiety-producing in our own culture, where it is possible for an individual to feel alone when surrounded by millions of people.

As for the other adaptation values, sexual-affectionate, competitive, aggressive, creative-intellectual, attitudes toward responsibilities, prestige-aggrandizement, and the like, every culture has its own estimation of what is important for a sense of well-being. Within each culture, there are greater or lesser variations in what each individual expects of himself. To set up any specific framework for the causes of anxiety will get us nowhere. We can only state in the most general terms that — when we consider the specific set of values to which the individual is exposed in childhood and later life, and what his culture expects of him — it is possible to define the point at which anxiety develops.

Let us return to the problem of whether defective functioning always causes anxiety or panic. In order to resolve this, we must first answer the following questions: *Is the disturbance important to the individual? Is the disturbance important to the society?*

If the disturbance is important to neither the individual nor his surroundings, it may go unnoticed, and the individual will be considered a normal member of the community. Thus, a European peasant woman may have no capacity for aggressive self-assertion on a competitive-economic level, but as long as she fulfills her role as a mother, housekeeper and wife, she will

**CAUSES OF BREAKDOWN IN ADAPTATION:
ANXIETY**

- 1) **Physical Injury**
 - a) **Acute (Illness, Infection, etc.)**
 - b) **Chronic (Includes constitution predisposition)**
- 2) **Overwhelming Increase in Environmental Demands**
 - a) **Physical**
 - b) **Emotional**
 - c) **Sociological**
- 3) **Change to New Environment (Unfamiliarity)**
- 4) **Repeated Chronic Failure in Adaptation**
(Loss of confidence; conditioning to failure)
- 5) **Lack of Practice (Know-How) for adult life situations due to inadequate preparation in childhood**
- 6) **Subjective Expectations of Individual**
 - a) **Too much (heightened ego-ideal)**
 - b) **Too little (punishing super-ego)**

CHART B

be considered a normal member of the community. If she were transplanted to an executive position in a large department store, she would quickly become confused, feel inadequate, and might seem to need, or actually need, analytic help. Nobody considered the Victorian housewife neurotic because of her frigidity, whereas a modern social worker with a similar lack of orgasmic achievement would go into panic if her initial sexual experiences were not pleasurable. Under these circumstances, neither the lack of aggression on the part of the European woman nor the lack of sexual activity on the part of the Victorian housewife are regarded by either society or themselves as a defect or disturbance.

For these latter women, the internal pressure for fulfillment is lessened by their specialized childhood conditioning and preparation. Also, the lack of social expectation in these directions usually diminishes the frustration and inner conflict due to the failure to achieve full expression. Social conformity and the sharing of frustrations are a powerful force toward equanimity.

When the functional disturbance is important to the individual, he will develop anxiety and usually a clinical neurosis. The problem, therefore, has to be evaluated in terms of the meaning to the individual himself.

Thus, a celibate priest may not develop anxiety with the knowledge that he cannot perform sexually, while a married man with difficulties may be rendered panic-stricken by sexual demands from his wife. The former may never expect to perform the sexual act and therefore would be less disturbed by his inadequacy.

A soldier on the battlefield might become paralyzed with anxiety by his inability to kill, for he needs this capacity in order to survive. When transplanted back to his job as a clerk in the local post office, anxiety is apt to disappear. On the other hand, if the prestige were more important for him, the return to a lower status might be equally anxiety-producing.

A typically prim New England woman (or a Balinese) would probably not be unduly disturbed by her courtship with a rather detached man with whom she could not make affectionate contact. Contrast such a state of affairs for an emotionally volatile woman who might feel rejected and go into a state of anxiety because of the apparent indifference of her loved one.

Again, a farmer boy would suffer less from disturbances in his ability to make money or gain prestige, than will our modern American engaged in the advertising business. An adolescent with an uneducated background may be comparatively unruffled by his inability to achieve high grades in school, while the son of a college professor may go into a panic at his inability to make Phi Beta Kappa. The latter might be undisturbed by his clumsiness in relation to girls, while the former might become anxious and insecure if he hadn't consummated sexual inter-

course at the age of sixteen, like all of the other boys in his environment. *The crucial factor seems to be whether the particular function is considered necessary by the individual for his own adjustment or needs.*

In general, we may state that maladjusted individuals frequently expect too much or too little of themselves. As a result of early conditionings (harsh superego, consciences, excessive guilt, etc.) they may expect the impossible of themselves, e.g., never to have hostile, dependent or sexual feelings. Since this may be impossible, they are in a constant state of anxiety. Other individuals expect too much of themselves in terms of accomplishment (*overinflated ego ideal*), and are in a constant state of panic over their apparent failure, no matter how great their accomplishments are.

Sometimes there may be a disturbance in function which the individual is capable of accepting, but which society considers abnormal. He may then have relatively little anxiety but will be labeled a "bum," a "failure," a "psychopath," a "homosexual," or a "criminal" by his environment.

If such an individual is truly indifferent to the values of his society, he will not suffer from neurosis as long as he is not completely isolated, which would produce an anxiety due to detachment from his fellow human beings. It is usually possible, however, for a homosexual or a tramp or a criminal to find companions who share his attitudes.

The factors which lead to such social rebellion will be clarified later. It is important for us to note, however, the wide latitude in what various societies consider "social conformity." Thus, while our society might send an overt homosexual to jail, or send a person who has "trances" to a state hospital, other societies might elevate them to positions of high prestige.

To sum up, we may say that a disturbed capacity or attitude leads to anxiety and a feeling of helplessness *only* when it is considered necessary by the individual for his own kind of adaptation. What he considers important for his own adaptation is dependent on his own life cycle and the expectations of his own upbringing, and whether his childhood development adequately prepares him

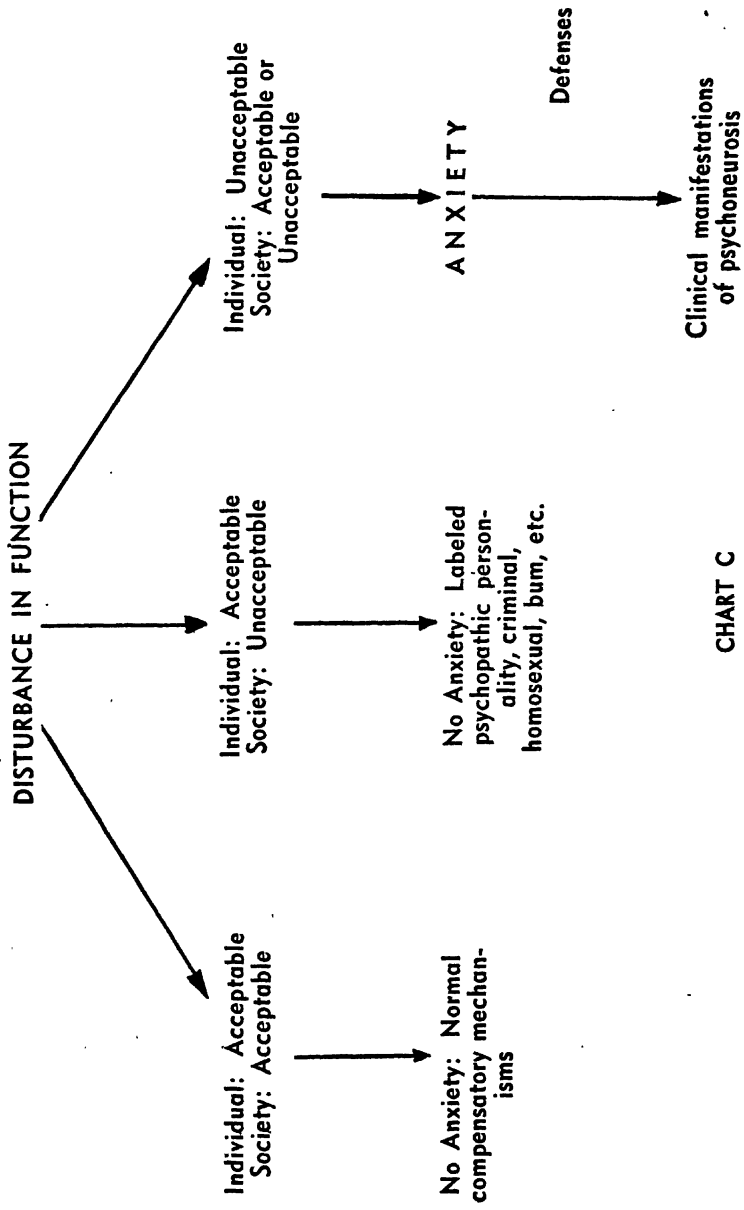


CHART C

for the life which he is going to lead as an adult. Consider Chart C. We offer this chart with the understanding that it is an oversimplification, particularly when applied to a culture like our own which has many conflicting sets of constantly changing values.

To illustrate our point — how would we label a member of the French underground during the Nazi occupation of his home country? To the German authorities, he was probably a troublesome, anti-social figure who had to be trapped; to his more "reasonable" collaborationist neighbors, he may have seemed neurotic — and if they were amateur psychiatrists, they may have accused him of constantly rebelling against his symbolic father figure. To himself and to his fellow patriots, he would have been considered a courageous and loyal citizen, true to his principles and background.

It becomes obvious that no outsider can appraise the individual in his environment and make categorical statements about who is neurotic and who is not. The subjective element is the crucial one. And so reasons begin to appear as to why some of our most contented individuals seem to function with relative inadequacy, while others, far more accomplished, never seem to be satisfied with their capacities to function or create.

The breakdown in adaptation (and its resultant anxiety) is considered the amorphous beginning of the psychoneurotic state. The individual becomes subjectively uncomfortable, dissatisfied, and may go into a panic. If he feels his survival, or even the continuation of pleasurable existence to be threatened, he must make some attempt at defense. If this can be done effectively and rapidly, no neurotic manifestations will become stabilized, and the original anxiety state may be labeled "real anxiety," fear, etc. If the attempts at reparation are faulty or inadequate, the state of emergency becomes self-perpetuating and the inappropriate defenses are labeled psychoneurotic manifestations. Let us begin to expand our discussion by reviewing the basic defenses against anxiety. This will take us into our clinical description of the psychoneurotic state.

Chapter II

THE THREE BASIC DEFENSES AGAINST ANXIETY

WHENEVER a living organism runs into trouble—when the rabbit meets the wolf; when the soldier is surrounded by the enemy; when the impotent husband approaches his bride—there are only three things he can do.

- 1) He can run away (*Fear and Withdrawal*).
- 2) He can battle it out by himself (*Self-Assertion or Hostility*).
- 3) He can look for help (*Dependency*).

Any one of these three patterns of behavior may or may not resolve the difficulty. If the animal chooses the wrong alternative, he may be lost; if he chooses the right one, he may resolve the dilemma. Each method of defense has an appropriate time and place, but all of them should be available to the organism to achieve mastery of his environment. If the organism chronically misuses its defenses, it remains in an almost continuous state of maladaptation and thereby perpetuates the anxiety state, if it survives at all.

It is our contention that the fundamental pattern of all neurotic behavior stems from the misuse of its three basic defense mechanisms. Let us begin to describe them in greater detail.

Fear and Withdrawal: "I must get out of here."

This reaction is based on the individual's conviction that his resources are inadequate to handle the emergency. It is the usual response of the frightened rabbit; it runs away. When such an animal is trapped, its resources collapse, whereupon it goes into a state of inhibition, paralysis and submission, and is vulnerable for the kill.

When used appropriately, flight is a normal defense mechanism and serves a useful purpose. However, it can be distorted so that the animal runs too readily or doesn't run readily enough.

Flight or withdrawal is almost invariably a painful experience for the organism, is rarely associated with pleasure — yet it is a necessary technique for surviving under difficult circumstances. The individual (or organism) that will not or cannot defend himself by a strategic retreat at the appropriate time places an almost impossible burden on his adaptation. The man who doesn't know when he's licked by an insuperable situation exposes himself to unnecessary hardships.

Self-Assertion or Hostility: "I will fight, I will handle this myself."

This is the reaction of an organism which feels confident of its own capacity to handle an emergency. It is the usual response of the wolf surprised by a rabbit; or the way a well-prepared student feels when confronted by an examination. This type of emotional response is frequently accompanied by heightened self-esteem, adequate mobilization of resources and overtones of pleasure. It is a normal reaction when used rationally. It becomes pathological when used *too little*. When an organism runs for help unnecessarily, it indicates an underestimation of its own capacity and a lowering of its self-esteem. When self-assertion is used *too much*, there may be such overmobilization that it becomes self-destructive. Thus, a foolhardy soldier may rush into certain death against machine-gun fire; a trapped rat may underscore his annihilation by dashing his brains out against a wall; and an angry child may have a temper tantrum.

Dependency: "I'm helpless. Somebody help me."

This type of response is normal for any organism threatened beyond its capacity. It is usually expected from a helpless, developing organism. When fulfilled it results in feelings of gratification; when unfulfilled, with panic, frustration and grief. *Dependency becomes a self-defeating defense when used too much* — that is, when an adequate organism turns for help rather than use its own ample capacity — or *too little*, when the organism isolates itself unnecessarily from the support of other members of

its species. The operations of dependency are seen most strikingly in the human being, a species which has the longest period of biological dependency (infancy) on parental figures.

Most laboratory experiments have, up to the present, neglected the dependency aspect of defense against anxiety, because in animals, the first two mechanisms—fear and flight, rage and aggression—are most accessible to experiment. These investigations therefore tended to exclude dependency. From a clinical point of view, however, all three defenses—fear, rage and dependency—have been the basis for many psychoanalytic theories (see Chart A). Most recently, Horney has used them in a simplified form to describe the various types of movements in interpersonal relationships.

Our starting point for the clinical description of human neuroses then develops from the biologically determined patterns of defense against anxiety. We can now ask why, since neurotic manifestations are distortions of the three basic defenses against anxiety, these defenses are used ineffectually or at the wrong time. And what causes anxiety to perpetuate itself for a lifetime? These are crucial questions and were posed by Freud in his last great theoretical contribution, *The Problem of Anxiety*. To quote:

"... all symptom formation would be brought about solely in order to avoid anxiety . . . so that anxiety would be the fundamental phenomenon and the central problem or neurosis.

"... in their response to danger so many people remain infantile, continuing to react with anxiety to situations which should have long ceased to evoke it; to dispute this would be to deny the very fact of neurosis, for it is exactly such persons whom we call neurotics. But how does this situation come about? Why are not all neuroses merely episodes in the individual's development which become a closed chapter when the next stage of development is reached? Whence comes the element of permanency in these reactions to danger? . . . In other words, we find ourselves abruptly confronted once again by the oft repeated riddle: What is the source of neurosis, what is its ultimate, its specific underlying principle? After decades of analytic effort this problem rises up before us, as untouched as at the beginning."

The resolutions of these questions must eventually be included

in any meaningful psychodynamic system. But have sufficient contributions been made to psychoanalytic theory since Freud to answer these questions? Can we describe not only the breakdown in adaptation, but explain how it becomes self-perpetuating? In order to answer these, we first have to examine the specialized conditions in which the development of neurosis is most frequently observed — in growing children and in experimental animals.

The child, like the experimental animal, cannot use any of these three mechanisms of defense effectively when its needs are unfulfilled by parental figures. It cannot run away because it has no means to run; just as the experimental animal cannot break away and find a new experimenter who will not confuse it with the wrong signals. Thus, the mechanisms of flight are crippled. Neither can the organism say, "I will do this myself," and assert itself. A child in this case doesn't have the equipment to be self-sufficient and the animal has been forced by circumstances to rely on the experimenter for food. The mechanisms of rage and self-sufficiency therefore cannot be effectively mobilized. Neither the child nor the experimental animal can appeal for outside assistance. They are already dependent on parental figures who are usually quite convinced that they are doing "the right thing." It is only an accident if the anxiety-ridden child or animal finds new sources of dependency or help.

It is obvious, therefore, that, where there is no opportunity for natural utilization of the methods of defense, distortions of these mechanisms must come into operation. These distortions form the basis for the clinical study of the neurosis. In humans, they are usually an outgrowth of defective childhood conditioning. It will be our purpose to demonstrate the manner in which these disturbed patterns become self-perpetuating, feeding the anxiety state so that the maladaptation becomes continuous.

As Freud pointed out, anxiety is a danger signal to the organism that all is not well. While the adequate organism may respond to this call with a variety of effective defenses, the neurotic individual always seems to use the wrong ones.

In our subsequent description of neurosis, these manifestations will be grouped according to our original plan of the three basic defenses against anxiety. The next chapter, therefore, will deal with the behavior patterns of *Fear and Withdrawal*.

Chapter III

DISTURBANCES IN FLIGHT OR WITHDRAWAL

THE simplest method of handling a difficult situation is to run away. Withdrawal, as a means of survival, is utilized by the most primitive organism. Even an ameba knows enough to move away from a noxious stimulus. But what happens to an organism when it faces overwhelming odds and yet is incapable of flight? It goes into panic, which only further disorganizes its resources, and eventually it succumbs.

While flight is the most basic defense available to the frightened animal, under certain circumstances it is possible for an organism to be helpless, be unable to run away, and still survive. The human infant and experimental animal offer the most striking examples of this condition. These creatures may be in a state of rebellion against their situation, flooded with feelings of panic, even while they are still protected by their environment. Neither the experimental animal nor the developing infant is capable of running away. Not only do they lack a point of retreat, but they are also physically incapable of running.

A mature adult or a free animal would certainly try to get out of the difficult situation, or develop some form of effective rage. The angry protests of the experimental animal and human infant can do little to modify their basic environment. Under these circumstances, the organism can only resign itself to the unfortunate state of affairs and hope for the best.

When the experimenter begins to teach the animal, in a confined situation, techniques for survival (gaining food), and then proceeds to place obstacles in its path or changes signals so that the animal doesn't know when food is forthcoming, the animal's adaptation collapses and a state of anxiety, or emergency, is declared. Its behavior becomes confused, and many physical symptoms normally associated with fear become manifest.

If we take an animal and confine it to a situation which parallels

a child's parental dependency, we can produce a neurosis — particularly since the animals chosen for experimentation are selected for their submissiveness, while the assertive ones are rejected. The animal is made to rely on the human adult for its food. It is taught to adapt to its environment through the enforcement of specific submissive measures, and then is confronted with a new situation for which it is completely unprepared. Confusion sets in and the animal then takes on some of the overt neurotic manifestations of the human being. If, on the other hand, we had allowed such an animal to run away from the difficult training procedure, as would have been its normal inclination, it would not have become neurotic. It would either have perished, or thrived. There would have been no neurotic "in-between."

FLIGHT INTO THE UNCONSCIOUS OR FLIGHT INTO SYMBOLISM

The human child can no more run away physically than can the experimental animal. Yet, when its basic needs are not fulfilled, when its protests meet with no appropriate response, can it run away? The answer is that it can run away psychologically. For the human mind has discovered a technique for remaining in a situation, yet denying its existence or that part which is not resolvable. There are times when the consciousness of any disturbance in adaptation can be repressed and even its attendant anxiety buried beyond recognition. It is not always possible, however, to maintain this state indefinitely.

This specialized form of flight into the unconscious which we see in human beings is developed during the early conditioning of the infant. The helpless child who is completely dependent on its parents cannot run away when it comes into conflict with them. But the human organism has the capacity for running away *symbolically*, which psychologically does not differ from the harried flight of a helpless animal. Thus a baby who has been abruptly and hurtfully weaned from his mother's breast may develop an aversion to milk which sometimes persists for a lifetime. In later years he may find himself quite unable to eat whenever he feels potentially rejected by a woman.

As the human capacity for symbolic representation increases, so also does the capacity for transforming its own needs and desires. Thus, when the infant comes into any conflict with the

adult and its dependency is in jeopardy, it resorts to its own specialized kind of abstract flight or withdrawal, which is an extension of repressed fear and based on the physical inability to run away. All of the early mental mechanisms described by Freud as the defenses of the ego against anxiety (arising from the unconscious) can be described in terms of flight or withdrawal.

To quote from Freud's *An Autobiographical Study*:

"I named this process repression; it was a novelty, and nothing like it had ever before been recognized in mental life. It was obviously a primary mechanism of defense, comparable to an attempt at flight. . . ."

There are a variety of mental mechanisms by which the adult human may continue to run away from his feelings, his longings, and thus manage to remain unaware of his failure in adaptation. But this ability to ignore failure may only help to perpetuate the emotions which cause anxiety and helplessness. Let us begin to outline some of the techniques for withdrawal.

TOTAL CONSCIOUS WITHDRAWAL

These are the simplest and most complete methods of withdrawal — a complete retreat from the anxiety-producing situation, thus avoiding any awareness of the underlying fear. It may be accomplished in a number of ways.

Excessive sleepiness or fatigue may be a manifestation of withdrawal and lead to an attempt to resolve problems by dreaming. The content of the dream may be hidden by symbolism, displacement, inversion, shift in emphasis, dramatization and the like. In its simplest wish-fulfillment form, the dream may gratify desires not permissible in the waking state. Most dreams, however, fulfill consciously unacceptable desires without carrying over their true significance to the awakened dream.

Phantasy in the waking state serves the same wish-fulfillment purpose as the dream and thus temporarily diminishes tension.

Phantasies may paralyze subsequent action by resolving inner tensions in a setting utterly divorced from reality. On the other hand, they may also serve to prepare the individual for fulfillment by bringing him into a state of psychological readiness for future aspirations.

Fainting is another form of total withdrawal, achieving a tem-

porary total blackout from an anxiety-producing situation. An example of this may be found in a man who, because he cannot face his hostility toward his son, faints when the child cuts his finger.

Phobia formation, another withdrawal technique, leads to avoidance of any possible precipitating awareness of unacceptable inner feelings. Thus, the man who cannot accept his inability to control his sexual feelings may make a panicky withdrawal when he sees animals, if animals are for him associated with sexual freedom. The need for phobic withdrawal occurs most frequently when the individual feels literally trapped in subways, elevators, tunnels, telephone booths and other confining places.

The individual under these circumstances avoids any situation or set of circumstances which might awaken his inner anxiety. Most frequently such situations are to him symbolic repetitions of infantile anxiety-producing experiences.

Amnesia and hysterical multiple personality lead to a complete psychic withdrawal from an anxiety state. Here we are dealing with a splitting of the state of consciousness because of the intolerable internal conflict. The *Jekyll and Hyde* story, or the prim, sexually inhibited girl who takes one drink and goes off on a promiscuous episode for many days — are obvious examples of finding fulfillment of unacceptable desires through temporary assumption of a different personality. The individual lives out his unconscious by completely shutting off, or withdrawing from, his normal conscious personality.

All of the above patterns are more or less complete types of psychic withdrawal of the total organism. The conscious mind completely withdraws from the troublesome situation. Under these circumstances, the unconscious mind takes over and almost literally leads a life of its own, divorced from the realities of the inadequate adaptation of the individual. Since many unconscious patterns are originally laid down in early infancy, they retain much of the primitive thinking qualities of early childhood. They remain timeless, reverse the sequence of events, exaggerate details, have *multiple identifications*, are condensed, appear in complicated *symbolisms*, and so forth. All of these distortions of the unconscious impulses struggle for some type of expression and tend to modify the behavior of the individual in a variety of subtle ways.

The conscious individual, on the other hand, has a variety of other, more subtle, mechanisms available with which to handle some of these unconscious strivings without sleeping, fainting, or otherwise totally withdrawing. The description of these unconscious devices for remaining in a life-situation, and yet being unaware of its effect, is one of Freud's major contributions to the study of the human mind.

PARTIAL WITHDRAWAL

A schematic description of the mental mechanisms by which an individual can avoid his problem without complete withdrawal is best illustrated by the following hypothetical case.

A man of thirty has never had sexual relations because he was brought up in childhood to believe that sex was dirty, hurtful to himself and unacceptable to any good woman. He continues to live with his family, remains dependent on his mother and supports his father whom he has always resented because of his harsh, authoritarian attitude. He masturbates occasionally with much guilt.

Such a man may altogether *repress* his sexual feelings, and thus remain unconscious of many of his erotic longings. Or if they do reach the surface, he may *suppress* these feelings and effect a *denial* of their significance. He may *sublimate* them by directing his sexual energies into constructive, creative or charitable work. In this last possibility, he simultaneously compensates for his unacceptable hostile impulses toward his parents.

He may also overcompensate for his unconscious hostility toward his father by excessive devotion to him (reaction-formation). He may limit his social relations only to those men who are very aggressive sexually, *identifying* with them and unconsciously resolving some of his own feelings of inadequacy by *introjection* (identification with aggressor).

Such a man may also *isolate* his sexual feelings by going out only with those girls who he feels are "too fine" for sexual intercourse and who consider sex only for prostitutes; thus separating the tender from the sensual component of his love life. He may attempt to resolve his fears of masturbation by elaborate rituals or compulsive hand washing (*undoing*). He may *displace* the fear of hostility connected with his father toward all authoritarian

figures and live in constant fear of retaliation. He may develop palpitations or heartburn every time he is exposed to erotic stimulation, without being consciously aware of sexual feeling (*bodily expression, conversion*). He may *rationalize* his sexual attitudes, and find many intellectual reasons for denying his emotions. He may develop an inner psychic blindness or "not-knowing" which protects him against any awareness of what is happening within himself. This may take the form of *depersonalization*, in which he feels like a stranger to his own feelings.

He may regress each time he comes into contact with a woman, become dependent on her in an infantile fashion and treat her like a sexually prohibiting mother. He may completely inhibit his own sexual feelings and ascribe to other men the impulses which he would like to deny within himself (*projection*). Since he fears masculine sexual powers, he may become fearful of homosexual advances and, if he loses contact with reality, may go on to delusions of persecution and hallucinations, in which he ascribes to the outside world his own troubled inner feelings.

All of these mental mechanisms may be used singly or in combination to avoid experiencing anxiety, to lessen the conflict between unconscious wishes and their inability to find expression. They are manifested in one form or another in normal as well as neurotic individuals and are based on early childhood conditioning when certain feelings were unacceptable to the parental figures. *The child was forced to suppress specific ideas and emotions, continued to suppress them in adult life, and therefore never learned to handle them effectively.*

Confidence in one's own capacity can only be based on successful achievement and growth, and maturity comes as a result of effective adaptation. If the individual has to keep running away continually, his self-esteem must collapse and he will never acquire the technique of successfully handling his environment. There is no greater impetus to failure than a history of recurrent defeats. If an individual goes into a panic every time he sees a knife, blood, an accident, or any other symbol of aggression because he fears his own unconscious hostile impulses, he can never learn to enter into healthy competition because this, too, becomes interpreted as a display of hostility.

These mental mechanisms, which are specialized forms of flight, must eventually affect the over-all adaptation of the individual. The breakdown may occur in important personality areas which are necessary for adaptation in our culture. Small failures tend to compound themselves and spread to new and greater areas — sexual-affectionate, competitive-economic, prestige, etc. The most massive form of withdrawal is, of course, seen in *schizophrenia*, especially in the *catatonic* form where there is a minimum of adaptive capacity to the demands of a realistic world. The individual then returns to the absolute helplessness of infancy even to the point of becoming completely bedridden and unable to care for his simplest needs. All of the phantasies, mental mechanisms and maladaptations of early infancy then become manifest in the adult, and the defenses against the unconscious may collapse completely.

In the less severe cases, there is *partial withdrawal* from adult attitudes of emotional expression, sexuality and hostile-competitive feelings. If these people are precipitated into positions of responsibility, their limited capacities for adaptation prove insufficient and they remain in an active state of panic (*pan-anxiety*). They suffer from the most devastating form of incapacity, — an inability to make adequate contact with other humans (*empathy*) which places them in complete isolation.

The schizophrenics are in constant retreat, setting up elaborate sets of defenses against their own internal disorganization. But as long as their crucial adaptations are defective, any attempt at stability remains a fragile one, easily breached by any new meaningful life experience. The inability of schizophrenics to use any defense other than flight keeps them in a constant state of anxiety, unless they can set up a secondary illusory system of self-sufficiency of a psychotic order (see Chapter V on independency).

The study of the unconscious and its specialized mechanisms through *free association*, *dream analysis* and *reconstruction* of childhood experiences has been one of the major contributions to human learning, and led to Freud's most significant contribution to psychoanalysis — a dynamic study of human development which

offered a meaningful and causal construction of why people become neurotic. It has had wide applications not only in the treatment of the neurosis but in many related fields.

As for the patient undergoing analysis, when these mental mechanisms are revealed to him, they indicate to him the nature and varying awareness of his impulses and desires, and whether or not he is capable of handling them. In the study of his unconscious through the interpretation of dream material and free association, the flight away from his basic biological impulses becomes exposed to the patient.

The recapitulation of early conditioning thus became the cornerstone of analytical therapy, and much was gained by this type of exposure. In his earlier formulations, Freud considered anxiety to be the result of repressed libido. However, in time, it was seen that the symbolic flight into unconsciousness was the result of anxiety (and a defense against it) rather than its cause.

When an organism in its early life constantly runs away from certain situations or impulses, it loses the capacity to handle them. This would not have a destructive effect if it were never to meet these situations again. But when these situations and impulses are inevitable and crucial for effective adult integration, it becomes important for the organism to learn to cope with them.

As it happens, in our culture, children are geared to suppress overt sexuality and to disguise hostile feelings. Yet these may become very necessary instruments in later life. If the individual learns too well the repression of these originally unacceptable impulses, anxiety will develop every time these impulses are called for by the reality situation. If repeated often enough, this reaction will cripple an effectual adaptation toward adult life.

In the course of analytical treatment, the exposure of these impulses into consciousness through *catharsis* may have a profound therapeutic effect upon the patient. Why? Because, for the first time, these impulses are being faced in an atmosphere where they have a chance of fulfillment. The disapproving parent is no longer present, the analyst is permissive, and the life situation has changed considerably since he first suppressed these impulses. He suddenly becomes aware that he will no longer be punished for these feelings; moreover, that his contemporary adult world expects their fulfillment. In time, he discovers that

he has the capacity for handling the situations from which he has been running away since early childhood.

When the patient learns that he develops diarrhea only when censured by his boss (or any other authoritarian figure); that he was always frightened by and hostile toward his harsh, authoritarian father; that he never learned to express his own resentments adequately for fear of retaliation; that he attempted to rebel in childhood indirectly by moving his bowels whenever he pleased; that his boss is not interested in treating him like a child but only in his capacity for work — only then can he overcome his fears and express himself in an adult fashion, rather than in a symbolic fashion within the safety of the bathroom.

From the beginning, it was apparent that the uncovering of the unconscious was a most potent tool in the hands of the therapist. Early in the history of psychoanalysis, it became evident that many adult neurotic conflicts revolved about a recapitulation of the early childhood experiences, especially during the *oedipal period* (age five to six) when the child's genital sexuality begins to emerge. Exposing into consciousness (and thus reliving) the experiences of this period of the patient's life, therefore, was one of the early important goals of *reconstructive* (or insight) *therapy*.

This type of therapy had certain limitations. When these difficulties became apparent, analysts attempted to remedy the situation by two major changes in direction. One group, including Melanie Klein, attempted to dig even deeper into childhood experiences, claiming that the *pre-oedipal phases* of development had not been fully explored. These analysts utilize insight therapy with interpretations of unconscious material in children as young as two years.

A second group decided that too much digging was being done and that the unconscious repressed material (manifestations of flight) was secondary in the production of the neurosis. This group tended to place greater emphasis on sociological and interpersonal factors in their evaluation of neurotic behavior.

Dr. Karen Horney in *The Neurotic Personality of Our Time* writes: "I do not consider it justified to focus our attention on childhood in a sort of one-sided fascination and to consider later reactions essentially as repetitions of earlier ones. When

we realize the great import of cultural conditions on neuroses, the biological and physiological conditions, which are considered by Freud to be their root, recede into the background."

Alexander and his group have come to almost similar conclusions about exploration of the unconscious. They contend that emotional reeducation in a new setting guided by the transference relationship with the analyst is the crucial factor in psychoanalysis. To quote: "... re-experiencing the old, instilled conflict but with a new ending, is the secret of every penetrating therapeutic result." In other words, the emphasis on undoing the flight mechanisms, or whatever the patient is running away from in his unconscious, is discounted by this group of analysts and, as is well known, the analytic world is sorely split on this issue. It seems to us that this disagreement cannot reach adequate resolution when discussed outside the framework of the three basic mechanisms of defenses against anxiety. It seems premature to reject the Freudian therapy of exposing the flight mechanism. Although its application may not be universal, when it does apply, it is with considerable therapeutic value.

Unless we know the compensations possible in the alternate methods of adaptation, we will be unable to judge with any accuracy the extent of disturbance in cases where flight mechanisms are involved. The three basic methods of adaptation: *Flight*, *Dependency*, and *Self-Assertion*, are in constant interplay and the nature of their interaction patterns the process of neurotic behavior. Any therapy which is exclusively built upon less than all three factors must necessarily be limited.

It is perhaps unfortunate that the exposure of unconscious material and the reconstruction of childhood experiences constitute so fascinating a study. Its glamour has captured the imagination of many creative people. It seems so simple and, to the man on the street, represents the end-all of psychoanalysis.

Some analysts (Bergler) even speak of a "neurosis as a disease of the unconscious," implying that the unconscious has a life all of its own, that it is always repetitive, infantile, and continually at odds with the realistic behavior of the organism.

Is the exposure of all unconscious impulses into consciousness the magic road to mental health? Not always. Many a relatively

inadequate person who has been crushed by unfortunate life experiences is fairly well aware of the nature of his withdrawal from life situations. He feels beaten and cannot try again because of his expectation of repeated failure.

Another group of patients who cannot be helped by making their problems conscious includes those whose reality situations are almost hopeless and irreversible. A woman who is frigid, is going through her menopause, is married to an irresponsible husband, and has a family of dependent children, may gain little benefit out of being told that her headaches are due to repressed hostility. To tell such a person that she should have run her life differently when she can no longer relive it, may yield little therapeutic result and it is perhaps wiser to let her have her headaches. To expose fully their origin may throw her into a panic or a depression.

Is all flight neurotic? Obviously not. For to learn to retreat from difficult life situations may be very realistic. One can state in general that if the flight is performed on a conscious or calculated level, it is far superior to doing it on an unconscious basis.

Every culture has found it necessary, somewhere or other, to suppress in the developing infant some of its impulses. For instance, there is no culture which does not taboo mother-son incest. We frequently find in the course of analyzing patients, that too many of them don't know when to retreat or run away from an impossible situation. They have been led to believe that every impulse must be exposed and lived through or else they are behaving in a neurotic fashion.

Dollard states in *The Acquisition of New Social Habits*:

"From the anthropological standpoint, the neurotic person who manages a cure develops a newer, freer personal culture in place of his older, neurotic culture. This new personal culture cannot, however, go beyond the bounds of permissiveness of the culture of his society. Within every society, there is a kind of band or zone within which individual behavior may deviate. The neurotic person deviates to the side of greatest personal inhibition and lack of use of cultural resources. The healthy person deviates in the other direction. He explores fully the field of culturally permitted behavior and takes advantage of all gratifying and constructive possibilities. The mores, however,

exert their inexorable control on this outer limit of deviation. It follows, therefore, that a man cannot be psychoanalyzed into committing a crime such as murder because he would be blocked by society with its electric chair and hangman's rope."

—The full gratification of all impulses has never been condoned by any culture. If analytical therapy attempted to do otherwise, it would render a disservice rather than function as a powerful therapeutic weapon.

Retreat, as a selective strategy, often has the character of sensibility rather than weakness, whereas pushing every arbitrary compulsion into daylight may reduce the effects of analysis to "jungle" willfulness.

Unless the material garnered from the mind of the patient is understood in terms of its effect on his daily life, the therapist will be confronted with an endless confusion. The patient, without the procedure of examining his disturbances in his existing reality setting, may be encouraged to overintellectualize his difficulties, which would only render him a social nuisance.

It is of major importance, in regenerating the disorganized individual, to examine and understand his defenses. If, under analysis, the individual is to stop running away from his own impulses, he will require an alternate set of defenses against his basic inadequacy. He either becomes more self-sufficient in the process, or develops dependencies — even if only temporarily in the transference relationship with his physician. Usually the patient who has been in continuous flight has not had his other defenses in operation. If he is to stop running, consciously or unconsciously, his other defenses have to be concurrently built up or he will only have to run again.

It has been repeatedly observed that exposing unconscious material before the patient is ready (that is, before his other defenses are available) throws him into a more severe type of panic and causes considerable damage. This is especially true in the analysis of schizophrenics, where the alternate defenses, dependency and self-sufficiency, may not be available to the patient. It is also a real danger in hypnosis and other forms of brief therapy. There the patient may be faced with many of his difficulties rapidly ("return of the unconscious") while under the protective dependency of the therapist, and then, suddenly finding himself without pro-

tection, may go into a panic. Exposure under these circumstances only adds an additional trauma to the patient.

Like any other therapeutic instrument, drug or otherwise, insight is a two-edged sword which can either help or harm the patient, depending on the dosage and how, when, and where it is applied. Freud's long battle to prove the existence of the unconscious is no longer necessary for us. It is our job to learn how to use his findings in the most beneficial fashion.

In *reconstructive analytical therapy*, the insights are developed slowly, at a pace which allows the patient to integrate them into his thinking and daily life (with increasing self-sufficiency), during which period there is constant appraisal of his residual infantile dependencies. This allows the therapist to keep his check on the progress and effectiveness of the uncovering process. In recent years, a changing analytical technique has placed less emphasis on *exposure techniques* and more on *character formation, analysis of ego, and transference phenomena*. These latter represent the alternate defenses.

If the analysis is exclusively devoted to making unconscious feelings conscious, that is, through symbolism and dreams, it becomes interminable. Dreams always contain repetition of infantile thinking and therefore can never be "cleansed" of neurotic thinking. The individuals who claim to have accomplished this, in our experience, are rigid automatons of apparently correct behavior, who live in terror of their neurosis showing.

Also, how do we know when the important unconscious factors have been made fully conscious, especially since we are not always certain what is important to uncover? If the patient is not doing well in analysis, it is a simple matter to say that unconscious factors are still lurking in the background and continue the interminable search. This is usually a result of a restricted approach to analytical procedure, which fortunately is slowly being modified by greater attention to the "ego" factors and the transference relationship.

Another result of this type of "unconscious" therapy is that the patient too often learns to live in terms of unconscious motivations rather than overt behavior. His judgments are based on underlying causes rather than on what is actually happening. He may have contempt for a "nice" person because he is sure that unconscious hostility is lurking beneath the surface. He may be

incapable of resenting a disagreeable person because he happens to know that the offensive individual was harshly treated by his mother many years ago. All normal standards of decent social behavior become clouded by the search for motivation. Life becomes a dream world in which nothing is good or bad on its merits. By logical extension, one should feel sorry for Hitler, who was only reacting to a need for love and affection while he happened to kill millions of people.

Endless attempts to gratify fully "spontaneity" of expression will also lead to interminable analysis. On the present cultural scene, we are facing unprecedented demands on the individual for full effective behavior. The *ego* ideal is growing progressively — that is, each person is required to be a fully mature individual, sexually, economically, politically, intellectually and artistically.

Of course, no individual can fulfill all of these external and internal demands upon himself. The desire to do so may only reflect a profound sense of inadequacy. Thus, learning to compromise effectively (an acceptable form of flight) is an integral part of adaptation to reality.

An illustration that bears out our point is that of a thirty-eight-year-old physician who was verging on suicide. When he appeared for psychoanalytic treatment, he was suffering from a profound sense of personal failure. He felt that he had mishandled all of his life situations. He complained that while his practice was not bad, his income, in spite of equivalent training and experience, fell far below that of his colleagues. He had failed to achieve the hospital appointments which he thought were his due.

He was reasonably happy with his wife, whom he acknowledged to be a wonderful woman but upon whom he was too dependent for decisions and leadership. He was aware of difficulties resulting from his lack of sufficient contact with his son. While he had managed to publish several fairly good articles, his research work was done rather slowly. He was socially ill at ease, and felt at a loss when the conversation turned to political or social events. He was sexually competent when he performed, but felt that his sexual performance was not frequent enough to gratify his wife. Many of his friends had occasional extramarital sexual experiences of which he was quite envious; yet he believed himself to be ill-prepared for such adventures.

Here we have a man who by ordinary standards was making a satisfactory adjustment. Viewed positively, he was a well-respected professional, earning an adequate livelihood. His marital situation had no overt conflict and he had managed to achieve a certain degree of creativity. In any one area, he could have done better, and he could always point to a colleague in that field who was more successful than himself. He could not understand that it was impossible for him to achieve all of his goals simultaneously. He couldn't see that if he wished to be an effective, competent research worker, his practice might suffer; or that if he should become a very successful practitioner, he would have less time to spend with his wife and child; or that to begin a campaign of extramarital experiences, he would have to take time off from his practice, his research and his family obligations. The idea that compromise was necessary was a difficult one for this man to accept. .

This is not an unusual case in the analytic office of today. People come with perfectly worth-while objectives of a high order. These they feel they must fulfill in their entirety to achieve a sense of well-being. Apparently, running away from anything or compromising with any of the realities is interpreted as failure. It represents a very difficult therapeutic problem since the analyst is put into the role of denying gratification, and the patient feels that he has not had a "full analysis."

Standards for achievement are mounting far beyond reasonable expectancy. Patients come to analytical sessions with problems of almost incredible complexity. When the analyst admits he wouldn't know how to handle them himself, and asks why they got into such a mess in the first place, when the situation might have been avoided, the patients are perplexed. The idea that retreat may be the better part of valor is becoming almost non-existent. The "well-adjusted person" must be able to handle anything. *No wonder our population is growing increasingly anxious!*

If anything has to be given up, if compromise is necessary, it can be done effectively if the patient knows what he is running away from. If not, he can only shadow-box with his symptoms, and seek to handle his impulses by further repressions, reaction formations, projections, phobias, etc. The man who can admire

the possessor of a pair of shapely legs and yet consciously decide not to follow her is infinitely better off than his brother who in the same situation gets a "dizzy spell," claustrophobic anxiety, and has to run in panic. The latter probably blames his symptoms on something he ate.

Let us state in our conclusion that flight or withdrawal can be healthy or neurotic depending on where, when and how it is used, and that the evaluation of this one mechanism is not to be

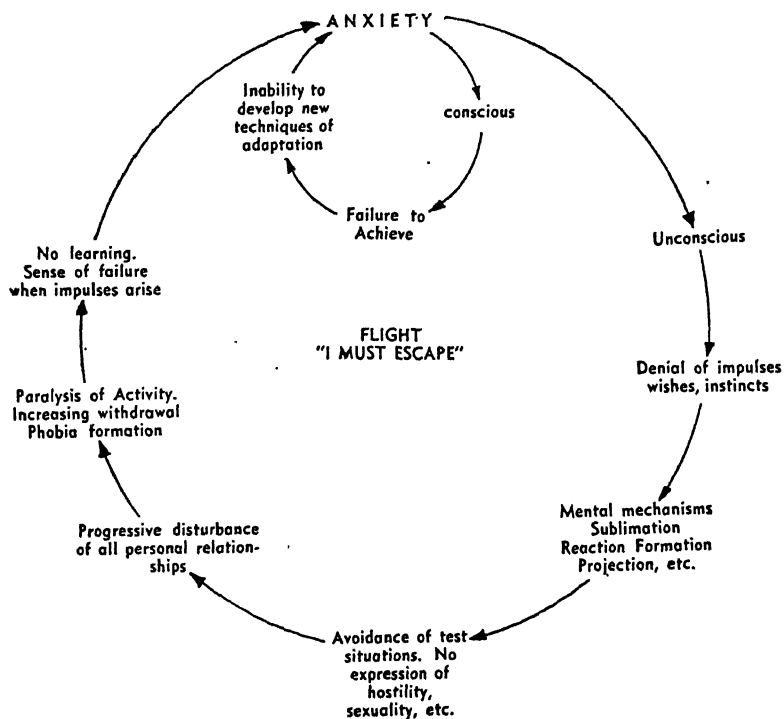


CHART D

considered apart from the total personality. In order to demonstrate how the flight mechanism can become self-perpetuating, we have prepared Chart D. We see in this chart that there can be two types of flight away from anxiety: a conscious flight and an unconscious flight.

The conscious flight is a retreat to a less complicated situation, one which may automatically diminish the feeling of helplessness. This may or may not be neurotic depending on circumstances and awareness. The unconscious flight sets up a lack of awareness of the nature of the anxiety-producing situation which then leads to an avoidance of *reality testing* in future contacts (phobia formation). This, in turn, results in an inability to deal realistically with situations as they develop, produces a sense of failure when the impulse or situation arises again and a subsequent return of anxiety with frequent repetition of the same cycle.

This repetitive cycle of pathological flight begins and ends with *anxiety*, and leads to the perpetuation of inadequate or maladapted behavior. If the patient remains exclusively on this course, he is doomed to the constant anxiety state of a schizophrenic (or detached and ineffectual) nature. Most individuals are more resourceful than this and also attempt to handle their problems by the principles of dependency ("help me") and self-sufficiency ("I'll do it myself"). They may or may not succeed in getting off the merry-go-round. Let us proceed therefore to a discussion of the alternate methods of handling anxiety.

Chapter IV

DISTURBANCES IN DEPENDENCY

WHEN the threatened organism cannot run away, it may look for help. Its well-being is then dependent upon the nature and extent of the assistance it receives. So it is with the child. Its turning for help is the most important defense of the developing infant. Without help, the child is unable to thrive. Thus, should any disturbances appear in this defense mechanism, they will play a most significant role in his future development.

While dependency in childhood is vital to growth and while inadequate parental care can have catastrophic effects on the development, it is desirable in the course of the human life cycle that these dependencies slowly diminish and be replaced by the capacity to take care of oneself. If there is a carry-over of childhood dependent attitudes into adult life and the individual continues to use those techniques of adjustment which have lost any meaningful purpose, he will, of necessity, find it difficult to achieve any self-sufficiency and sustained creativity. ↵

The elaboration of patterns which cause adults to use outworn techniques of dependency is one of the brightest chapters in the history of psychoanalysis. It explained, for the first time, the therapeutic nature of suggestion, hypnosis, religion and the relationship between physician and patient. These early observations of Freud opened up many new vistas, which were later expanded by Ferenczi, Rado, Fromm, Horney, Kardiner and others. The therapeutic significance of the dependency phenomena has been ably exploited in the works of Alexander, French, *et al*, and the newer group of hypnoanalysts. The profound dependent needs of the disturbed human being appear everywhere, and can be an important factor in perpetuating the helplessness of the anxiety state. Let us begin, therefore, to evaluate this phenomenon by studying the methods of adaptation of the helpless infant. This

may lead us to the basic causes for the perpetuation of the state of dependency.

THE PERPETUATION OF DEPENDENCY

The helpless nursing infant is usually surrounded by attentive elders who, because they are interested in fostering its survival, provide for its basic needs.

During its earliest days, practically the only active contact the child makes with its environment is through its mouth, by sucking. This is the *oral* stage of complete helpless dependency. The child's adaptive mechanisms, however inadequate, are sufficient for survival under these special protective circumstances. On occasion, when its sense of security is threatened by hunger, falling or other unusual sensations, it develops tensions and anxiety. Usually, however, it only has to make its demands known by crying, and the constantly attentive elders come to the rescue.

This is the earliest form of adaptation and is associated with a feeling of almost complete helplessness. Helplessness . . . the cry . . . the automatic gratification by capable parental figures. As the child grows, he begins to develop new functional capacities; he reaches for toys, looks at lights, and plays with his toes. Usually each of these new abilities meets with parental delight and approval, and the infant is thus encouraged to develop further with the assurance of continued parental care.

The parents not only encourage each new achievement, but by their emotional reactions induce an appropriate emotional response from the child. This forms the basis of future capacities for emotional contact with other human beings. He is taught how to respond emotionally by mimicry. He constantly receives auditory, visual, tactile and sexual sensations which stimulate him toward further development of his resources.

If the parents are conscientious, the child may not become fully aware of his own helplessness. Subsequently, he begins to feel that these wonderful people have been provided to care for him exclusively. They minister to all of his needs; frequently supplying these before he can even complain. His diaper gets wet; mother changes it. He gets hungry; mother feeds him. The child becomes grandiose; his slightest wish seems to be their command. He feels like Aladdin who has only to rub his lamp and the genie will grant his wishes.

During this period of combined helplessness and grandiosity, the infant often is convinced that the parents can read his mind — since the unexpressed wish is frequently fulfilled before the demand is made. This is the stage of *primary narcissism*, or childhood omnipotence, when the child may have little awareness of his place in the environment (*lack of ego boundaries*).

As the child grows older and develops a greater capacity for functioning, his little omnipotent world comes in for a rude awakening. The parental figures, no longer completely servile, begin to disapprove of some of his activities. They want him to be a good boy, to be obedient, to eat on time, to move his bowels regularly, to go to sleep on request. They forbid him to play with his genitals, or they start paying attention to a younger child. His magical system is shattered. What can he do? The helpless youngster usually has little choice in the matter.

He may rebel at this parental disloyalty, but discovers that it is easy to reinstate himself in their favor and partially restore his old importance. He learns that by being submissive, by suppressing his sexuality and assertiveness, and by assuming ingratiating attitudes, some of his old power can be regained. He may then relinquish the capacity for developing his own functions. This permits him to remain dependent on and loved by his parents, who, in turn, become inflated images willing to do anything for the child if he is submissive. His omnipotence is then delegated to the parents (*secondary narcissism*). Submissiveness now becomes a magic means of retaining Aladdin's lamp. The child thus maintains the illusion of parental omnipotence and has it used for his exclusive purposes.

As the individual grows older and his potential functional capacities mount, the pattern of ingratiation necessitates increasing suppression of his own capacities. This fosters a proportionate feeling of induced helplessness which can only be compensated for by increasing demands upon an over-blown image of the protective parents.

Sooner or later, this system breaks down because, as the child's expectations grow, his helplessness increases, and the parents become unable or unwilling to fulfill his demands. They either tell him they can't give him the moon, or say, "Do it yourself; you're a big boy now."

This results in an explosion. The omnipotence of the child is shattered. He has been let down by parents who had led him to expect complete gratification in exchange for being submissive. This leads to the first true display of hostility or resentment, which is the prototype of many future hostilities. The unfulfilled expectation of the child who has been given to feel that his own resources are inadequate, especially if associated with submissiveness to a more "powerful" parental figure, becomes the generating force for many future resentments.

When the child acts hostile, he is again punished by the parents who have been attempting to curb him all along. Anxiety now becomes dramatically manifest. The child, feeling the loss of the parents' protection as well as his own lack of resources for effective adaptation to the outside world, can only react with increasing submissiveness. This is the sole technique for mastery that he knows and explains how the same pattern is constantly repeated. In time, the appearance of any of the forbidden impulses automatically leads to anxiety, since they raise the threat of potential punishment or loss of affection from the parent.

He is not only incapable of acting in a hostile or sexual fashion without anxiety, but he must not even think such thoughts. *An integral part of his original dependency on the parents is the feeling that they are so omnipotent, they can read his thoughts.* This conviction requires increasing suppression into unconsciousness of any ideas which are unacceptable to the parents. It also marks the beginning of the development of internal guilt (and diminution in capacity to function) as almost an end in itself.

This ability to suppress thoughts or wishes into the unconscious (*flight mechanism*) is probably specific for humans and is an extension of symbolic, or language, thinking. For the child, the wish is equivalent to the act. If he wants to raid the cookie jar, he may feel just as guilty as if he did so, because, in his mind, the parent so frequently has been able to "read" his thoughts by supplying his wishes before they were expressed.

Slowly the child begins to incorporate into his own set of values the original prohibitions of the parents. He has to do this to forestall his fears of parental rejection or punishment. This process has been labeled identification, incorporation, and super-ego formation. His original unfulfilled sexual and hostile im-

pulses continue to reside in the unconscious (*id*). The conflict between *ego*, *id*, *superego*, therefore, has been a crucial point in the development of psychoanalytical theory.

The incorporation of many of the original prohibitions into the unconscious of the individual may persist into adult life, long after they serve any meaningful purpose. He may leave the environment of his parents, but carry their values within himself. He has internalized (*introjected*) the parental figure. Or even worse, he may treat other adults as if they were his parents and respond with all of the original fear of loss of approval (*transference phenomenon*). This automatic self-punitive mechanism persists to varying degrees in different people. The harsher the original prohibitions, the more dependent the individual remains, and the more intensely will this repetition of childhood patterns affect his future behavior.

The amount of damage which this pattern causes is dependent on the nature of the original prohibitions. If the suppressed impulses are not incompatible with his future set of conscious adult values — that is, if they are socially acceptable and shared by other members of the community — they may cause little difficulty. *In fact, sharing inhibitions and moral judgments may be an important cohesive factor in his future human relationships (common ego ideal)*. For example, every culture to some degree prohibits full expression of hostility toward parental figures. This, however, may cause little difficulty in adjustment because it has universality and is not incompatible with effective living later in life.

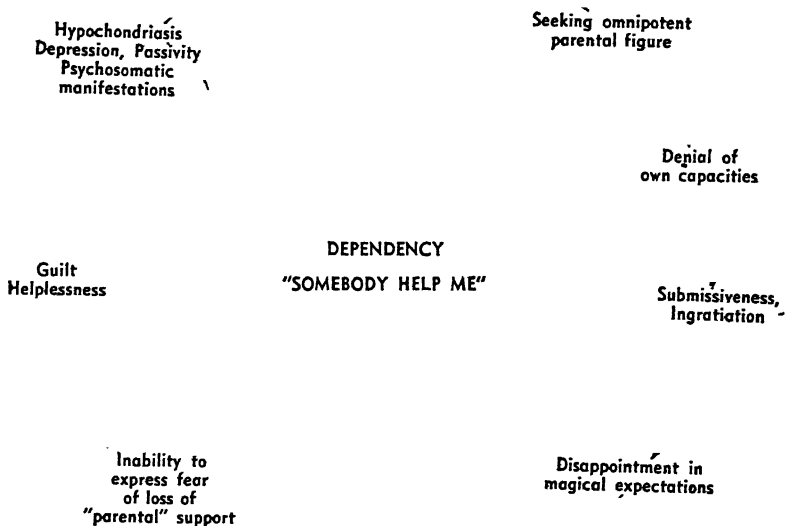
There are other inhibitions in our culture, however, which may be disabling. A child, for example, may be led to believe that his penis will be cut off if he attempts to masturbate. This profound inhibition may be crippling if carried over into adult life. That culture which has the greatest discrepancy between childhood and adult attitudes will foster the most marked degree of dependency. The more persistent the dependency, the more incapacitating the childhood values and the more destructive the *superego*.

Why do these patterns of helpless behavior persist so frequently into adult life? The basic reason is the nature of the dependency constellation, which is self-perpetuating, constantly fosters a sense

of helplessness, is associated with diminished functional capacity, and is rarely capable of fulfillment in adulthood except under unusual circumstances. (See Chart E.)

The essential source feeding this circular dependency pattern is derived from the fact that certain important functional systems, such as sexuality and hostility, cannot be felt or expressed by the

-ANXIETY-



-HOSTILITY-

CHART E

individual without producing a feeling that he will lose the love, support and protection of those upon whom he believes himself to be dependent. He may fail to recognize that he no longer needs them and continue to see himself as a relatively helpless individual. Why does he continue to see himself as such? Because in childhood, the suppression of hostility became confused with suppression of aggressive self-assertion so necessary for the development of good functional capacities. Therefore, the suppression of hostility becomes identified with suppression of basic adaptive functions, and leads to a perpetuation of helplessness.

We wish to emphasize that the above pattern of development and adaptation is specific for the culture in which we live. Even in Western society there are great variations in childhood techniques and adaptations. These lead to many combinations and permutations and result in various levels of adult adaptation. The dependency pattern of behavior is a striking component of our most important neurotic diseases—the *transference neuroses*, *anxiety hysteria*, *conversion hysteria*.

These individuals are running away from their sexual and hostile impulses, and while the suppression of their infantile sexuality plays a prominent part, their need for dependency plays perhaps an even more dramatic role. Such people retain their infantile orientation toward others about them (*infantile object relationships*) and continue to seek gratifications more from their environment than from their own effective functioning. It is just this capacity to form dependent “transference” relationships which makes psychoanalytic help available to them. They are the helpless *oral* types, the ingratiating “charming” people who are constantly being disappointed in their dependent needs. Their hostility always lies near the surface but is usually turned against themselves in psychosomatic fashion or in psychoneurotic depression.

This type is the most common in our ineffectual, unstable groups, since they are constantly on a merry-go-round of the dependency cycle. They go up and down continuously, but have remarkable recuperative powers and rarely fall apart completely. The reason is that they can usually maneuver a temporary dependency relationship to sustain them for the moment.

The dependent type of neurotic disorders is characterized by an almost total lack of pleasure in “doing.” Since their major gratification comes from approval from other people, the actual task in hand is painful and performed only with the expectation of “being loved.” When there is no such expectation, they feel paralyzed, depressed, or want to run away. Since the pleasure associated with approval is of necessity short-lived, they have only occasional moments of heightened gratification, with long periods of chronic dissatisfaction when they have to function on their own. The special character of the psychosomatic manifestations associated with the dependency neuroses will be discussed in a later chapter.

These individuals are exquisitely sensitive to the environment on which they are so dependent. Since they are at the mercy of their external surroundings, they develop a type of acuity or "sixth sense" which makes them act as if they had a built-in radar set. They always know what is going on about them, are constantly reaching out for the environment in an emotional, ingratiating fashion, and have an enormous capacity for dramatic self-presentation. Their environment cannot help but respond to them, and is equally at their mercy. With their charming, ingratiating manner, they are capable of a kind of "emotional blackmail" that makes everybody about them the custodian of their helplessness.

These people are therefore exceedingly suggestible, highly emotional, frequently playful and artistic. They live a rich phantasy life, in which sexualization may be prominent, but is prevented from reaching fruition by disturbances in consciousness (fainting, somnambulism, etc.) or is transformed into bodily expression. Such individuals are capable of profound mourning and prolonged grief. Since they have few inner resources, the loss of loved ones may be particularly devastating (*loss of narcissistic supplies*). Their prolonged grief is frequently complicated by an admixture of guilt, since they have been hostile so often to those on whom they have been dependent. The hostility was unavoidable because their inordinate expectations could never be completely fulfilled.

They tend to form relationships with older people, even in adult life, in the eternal search for the fulfillment of their dependencies. They become especially attached to women; avoid any overt hostility or any competitive situation. They are continually reaching back for the past, which they romanticize as the best years of their lives. They are constantly disappointed by the harshness of our grasping culture. They dream of a "nice" world, where everybody gets along, like one big happy family. When they cannot resist their own forbidden impulses, they frequently have to punish themselves at the same time (guilt, *masochism*) in order to forestall the expected punishment or rejection from the outside world.

They inevitably fail in their goal of being accepted and loved by everybody. No matter how much they modify their behavior

to please their environment, they can always discover another new individual to please. They limit their activities more and more in order to place themselves in a non-competitive role. Eventually they become empty shells. They are no longer aware of their own inner feelings or desires but only what others expect of them. They fail to recognize that there is no sure way to gain universal approval. As long as they live and function, even on the minimal level, they cannot be certain that they are not offending someone.

These disturbances in dependency invariably begin early in childhood and frequently stem from overprotective home environments. Such patterns of behavior tend to perpetuate themselves for a lifetime and become interwoven with a pattern of flight into unconsciousness. They are the most primitive patterns available, need the least intellectual development for fulfillment and, therefore, frequently begin very early in childhood — *anxiety hysteria*.

It should be stated, however, that dependency on other human beings is not necessarily pathological. Before we attempt to define normal dependency, however, let us examine the third defense against anxiety — self-sufficiency: "I won't run away; I will not seek help; I'll handle this myself."

Chapter V

DISTURBANCES IN INDEPENDENCY

SOMETIMES the threatened organism either does not want to run away or is unable to do so. Under these circumstances, its only alternative, if help is not forthcoming, is to mobilize its own resources to meet the emergency directly.

In a conflict situation, this mobilization is the equivalent of rage as distinguished from fear. It is associated with the same physiological manifestations as *fear and flight*, the only difference being that the organism does not feel threatened. Instead, it proceeds to tackle the situation. This type of reaction is related to an expectation of success rather than failure. Such an expectation is based essentially on past experiences, and can be correlated in a non-conflict situation with what is generally known as *ego development* — the conscious capacity for voluntary control.

All learning, on its various levels, is motivated by a desire on the part of the individual to become more self-sufficient — that is, to be less fearful of and dependent on others.

Above all other species, the human organism with its complicated central nervous system, reaches the highest point of “ego development” and the fullest capacity for manipulative control of its environment.

In the earlier analytical formulations, little attention was paid to this reality aspect of ego functioning. The *ego* was seen as almost exclusively preoccupied with placating the *id* and the *super-ego* in a continuous internal struggle. Only later, did the non-conflictful aspect of ego development come under examination (Hartmann). Slowly, it has been given the more dignified position of an integrative apparatus which helps to “perceive, appraise, and manipulate the environment” (Hendrick).

It is no contradiction that humans who have the ability to develop the highest integrative functions in independent and cre-

ative behavior go through the longest period of helplessness and dependency. This seeming paradox is explained by the fact that only through such a long period of dependency in a protective environment (which leaves ample room for variation) is the human organism able to develop a higher integration. The lower animals, who go through a shorter period of dependency, of necessity have less opportunity to develop any new adaptive functions as they grow older.

The long transition period between childhood helplessness and adult life, however, makes humans more susceptible to the development of faulty adaptation techniques. It leaves a greater margin for error, at the same time that it gives us an opportunity for greater plasticity and for developing specialized skills much beyond that of which animals are capable. A guinea pig, whose whole nervous system is practically complete and functioning at birth, has few chances of faulty development during his early life. The animal, therefore, will sink or swim on the basis of its automatic reflex behavior. A growing human, however, can develop many difficulties in integrated behavior and still survive because of the protective attitude of his environment. He is kept alive by his parents, and may not become fully aware of his helplessness until adult life, when it may be too late to make major personality changes.

The development of effective self-sufficiency is the goal of every maturing person and one of the crucial aims of psychoanalysis. It is the basis of the "analysis of the ego" about which so much has been written in recent psychoanalytic literature (Anna Freud, Kardiner, Alexander, Rado, French, etc.). In a fully mature and effective adult, all of the primitive rages, which are part of the confidence of the organism in a conflict situation, can be translated into creative, competitive activities. Yet many neurotic distortions are possible in the attempted attainment of this goal.

Let us review certain tentative formulations, in which the basic difficulty revolves about the mechanisms of excessive attempts at self-sufficiency, rage, or "I can do this myself." These are the syndromes of overmobilization, in contrast to the inhibitions associated with dependency. These are distortions of "in-

dependence," associated with an attempted denial of the need for other human beings.

It is obvious that manifestations of excessive self-sufficiency must arise from environments in which the protective role of the parents was insufficient or hurtful. There are many variations of inadequate parental care, and we will attempt to review these in our description of the specific patterns. In general, we can state that the patterns of excessive self-sufficiency come later in life, when the child is able to mobilize his own resources and independence, and usually are associated with the greatest degree of isolation from and hatred toward other human beings.

It is obvious that self-sufficiency attempted before the developing organism is biologically prepared can have only catastrophic effects. Of course, it takes an extremely hurtful environment to induce a child to take such a course of action. The normally developing child is only too ready to accept help in the course of his evolvment. If he fails to do this his future capacity to handle anxiety becomes crippled, and he becomes committed to life based on excessive self-sufficiency, the results of which we will attempt to describe.

In our description of the ensuing types, we will cover the most pathological end results of various abnormal forms of self-sufficiency. All of these patterns in a milder form, however, may be part of normal character variations, and are frequently noted in neurotic individuals.

PARANOID SELF-SUFFICIENCY

The outstanding example of attempted self-sufficiency is seen in the *paranoid syndrome*. In this state, the individual denies any need for other human beings, sees them only as enemies who are challenging his own underlying grandiosity. He blames others for his difficulties, and becomes easily enraged and vindictive when he feels his supremacy challenged. He is frequently the "savior" of the world, or he may take on other grandiose characterizations. This is the height of delusional self-sufficiency and denial of dependency.

Such a pathological state obviously has its origin in profound anxieties and internal disorganization. It is seen most frequently as part of the clinical picture or the end result of schizophrenia.

In the history of these patients, we frequently learn that, as children, they have had no opportunity to identify themselves with any single adult; they have received no encouragement or approval in any of their activities; their attempts at self-assertion have often been crushed by a harsh paternal figure; they received no stimulation in play or in physical contact. Encouragement was only in the direction of passivity and unobtrusiveness. Maternal care in these cases was detached, unaffectionate and indifferent. Such children are frequently the products of old-fashioned orphan asylums (Spitz). They become dull, ineffectual adults without the capacity to share life experiences with other human beings. They can only run away or become hostile when they encounter difficulty in later life (*simple schizophrenia*).

When these patients sense their own internal disorganization, they regress to deep levels of primitive or archaic thinking. They may see the outer world as collapsing (*phantasy of world destruction*) or their inner world of bodily organs as being eaten away (*hypochondriasis*). They may feel detached from their own thoughts and feelings (*depersonalization*) or they may regress to infantile states (*catatonia*) in which there is a loss of personal boundaries (*undifferentiated ego*) and alternating rages against the outside world. This may slowly lead to a delusional state in which all of their inner fears are projected on to other people in a delusional fashion. Especially in the sexual situation do they see potential harm, usually deriving from the prototype of the originally hurtful male parent. The male schizophrenic may live in terror of emasculation, homosexual attack, or anal rape, and project these fears in a paranoid fashion. The female may live in a comparable fear of humiliation and degradation in her sexual life and project her feelings in a similar fashion.

These patients often struggle to maintain their equilibrium in a collapsing world filled with potential enemies. They divorce themselves from all meaningful human contact (*defective object relationships*), and set themselves up as very special human beings. They seek solace in the grandiosity of primary oral narcissism in which the whole world exists only for the child and is manipulated by his wishes. They build up phantasies of world reconstruction, develop delusions of a religious and political nature in which they *identify* themselves with Napoleon and other powerful figures — or even God.

Such an individual may then feel protected, arrogant, and attempt to manipulate other people for his own ends. He achieves a state in which he truly fulfills his need never to be dependent on any one. He may arrive at a type of hostile self-sufficiency which completely masks his inner feelings of inadequacy. This equilibrium may be maintained on a psychotic level for varying periods of time.

In terms of the *libido theory*, such people are fixated on an *anal-sadistic level*. This is easy enough to understand, since they have been rebelling against authority from early childhood, and one of the few ways of expressing their self-assertion was in the bathroom where they alone could control their bowels, without the need for outside help. Many of their future *paranoid* ideas may then revolve about *anal fixation* and pleasure.

SELF-SUFFICIENCY OF THE PSYCHOPATHIC PERSONALITY

Another type of denial of human relationships and distortion of self-sufficiency is that observed in the *psychopathic personality*. These patients expect no help from anybody, are unable to build fixed human relationships. They must grab at their gratifications whenever they can, unable to wait for long-range goals. They live for the moment only, using people as pawns to be exploited. They may utilize "charm" as a technique of exploitation without the expectation of any loving, helpful relationships. They will not run away from any situation and must have all their gratifications immediately, independent of social consequences. There is an excessive need for independence or "freedom," often born out of an expectation that dependency longings cannot be fulfilled. The longings for other people may be present, but no consistent attempt is made to fulfill them because of the conviction that they live in a rejecting world. They tend to strike out first, even toward loved ones, because they expect sooner or later to be rejected or punished.

In the history of these individuals, we find confusing factors in their childhood identifications and subsequent conscience, moral judgment, and *superego* development. Frequently, the mother has been soft, indulgent, and affectionate, which lays the basis for their subsequent "charming" behavior and capacity to make, at least temporarily, good contact with other human beings—in

contrast to the schizophrenics. Two things may happen to upset the early relationship with the mother.

First, the father may be a harsh disciplinarian, frequently a respected figure such as a minister, judge, or policeman who comes into conflict with the mother's values. The conflicting values and the difficulty of consistent identification with either parent may lead to an internal disorganization in which he may feel that consistent behavior will never meet with adequate results. He seeks out loved ones, but always ends up rejecting or humiliating them. He resents the high goals of respectability set for him by the father figure, and recurrently attempts to be loved as he had been by his mother — without responsibility.

The second type of confusion may be precipitated by a sudden change in the nature of the parental care. The child may receive excellent preliminary care and emotional support, but may have it withdrawn too soon. He may be allowed complete freedom for sexual play and expression of aggression until his parents discover that he is uncontrollable, and clamp down on him. This is frequently done too late, and the child's expectations become confused. He may learn to distrust any type of affectionate relationship and always expect it to blow up eventually.

This pattern is also seen among our "progressive parents," who ask their children to be self-sufficient too early. These children frequently remain dependent longest (since they know what they're missing) and, at the same time, have the best background for effective expression of hostility and rebellion. They remain distrustful of human relationships, have little capacity to control their drives, and impulsively seek their gratification without long-range relationships. When they feel guilty and remorseful, it is usually only a temporary state.

Sexual difficulties occur often among this group because of the split identifications. Bisexuality is frequent as the individual alternates between the masculine and feminine roles. These types of *psychopathic personalities* with the split and confused internal regulation may differ from the criminal type who grows up in another kind of environment—one in which there is a lack of affection, reward, and opportunity for identification with socially respectable citizens at any time. The latter may simply have standards of a socially unacceptable nature, without any true

internal confusion. The conflict then is totally external — and with society at large — rather than within the personality itself.

COMPULSIVE-OBSESSIVE SELF-SUFFICIENCY

Another type of attempted self-sufficiency is seen in the *compulsive-obsessive neurosis*. These patients erect an intellectual wall between themselves and the world. They deny any emotionality within their own personalities, and are unable to make contact with other human beings on a dependent level. The individual becomes “addicted” to intellectual overmobilization in an attempt to remain self-sufficient. Everything is “thought out.” Emotional needs are covered up by rigid compulsive systems of action which are a childish extension of the need to gain approval by conformity and preciseness. They set up elaborate rituals and phobias to placate and undo their unacceptable inner drives. They attempt to live a “planned” existence, and their minds are so filled with minor details that they have no time for the big things in life. This pattern is usually a secondary development of rigid parental authority which places the young child under the yoke of gaining approval through neatness, precision, good bowel-training and denial of any personal warmth or affection. The intellect is divorced from the emotions as they attempt to live self-righteously rigid, over-realistic, almost mathematical existences. They constantly act by the magic of words and thoughts, always seeking new systems of categories into which they can subdivide their lives.

Since all these methods are used predominantly to gain approval, in adult situations through completely inappropriate methods, their desires remain ungratified, and chronic hostility is perpetually seething just beneath the surface. Every method is used to run away from the positive (sexual) or negative (hostile) attitudes toward people. Their thinking is constantly disturbed by profound inner conflicts — the continuous struggle between their biological needs (*id*) and their harsh internal prohibitions (*superego*). This ambivalence frequently causes them to “black out” in moments of stress and they are constantly torn by inner indecisions. Many attempts are made to compensate by elaborate types of “magical” and superstitious thinking.

They live forever by the rigid, authoritarian standards originally applied by their parents, who rejected any emotional display as "weakness" or as potentially humiliating. They remain "dependent" on their early conditioning, and build walls between themselves and their loved ones. They are in a constant rage against authority but remain submissive to it (ambivalence). *Any personal warmth or relaxation becomes a threat, since they are sure that it leaves them vulnerable to attack.* In their childhood attempts to reach out for their parents on a sexual-affective level (*oedipal situation*) they were defeated, and they had to return to an earlier level of adaptation based on obedience and fear (*anal-sadistic*). Their preoccupation with cleanliness and anal habits makes everything connected with sex "dirty." This type of "authoritarian" character is usually either completely submissive or ~~arrogantly dominant~~ (*sado-masochistic*) and is incapable of ~~democratic relations based on mutual respect~~.

In contrast to the blind submissiveness and trust of the dependent hysteric, the obsessive is constantly doubting, distrusting his own motivations as well as those of others. He has no "faith" but only a willingness to seek his salvation in a "system" which will allow him to avoid close contact with other humans. Only a thin line of adaptation separates this type from the paranoid.

MANIC-DEPRESSIVE SELF-SUFFICIENCY

A fourth type of disturbance in self-sufficiency is observed in the *manic-depressive* pattern. These patients alternate between excessive self-sufficiency and complete passive self-punitive dependency.

They may plunge into ceaseless, creative, pleasurable and productive activities in order to achieve personal security without dependency. They may make fortunes, write symphonies, have innumerable social contacts, maintain ceaseless impersonal sexual contacts in an attempt to reassure themselves that they are self-sufficient human beings (*urethral ambition*). They may achieve a gay, verbose, distracted existence; but sooner or later, if they possess some healthy core of emotionality, they realize that something is missing. They become tired of being supermen, feel the emptiness of their existence, and return to helplessness in a state of severe depression (*regression to oral sadism*). They can reach

out for personal warmth only when they are helpless, pathetic and self-accusatory. All of their massive, assertive drives are turned against themselves in a profoundly destructive fashion. They feel completely unworthy, their vegetative functions slow up, and suicide may result.

They tend to be punishing and hostile to the individuals on whom they become dependent, yet constantly plead for reassurance, even though convinced that it will never be forthcoming. They literally hate themselves to death and may accuse themselves of every crime ever perpetrated against humanity. Once they emerge from their depression, they may recurrently go through the same cycle of alternating, restless self-sufficiency and helpless, punishing, infantile dependency. They never reach an equilibrium in which their creativity and their need for other human beings are expressed simultaneously and, therefore, they fluctuate between these two extremes, neither of which has any degree of stability.

This pattern is frequently an outgrowth of a family setting in which achievement is the exclusive basis for affection. The child may obtain approval and love only when he is making money, being smart, playing the piano, or creating something. He feels unloved when he behaves like a spontaneous, unproductive child — never feels “loved for himself.” The child often learns to distrust this affection because he must pay too high a price for it. Sometimes he has to collapse completely or become seriously ill in order to gain any spontaneous genuine affection from his parents. In adult life, such an individual may alternate between these two patterns of excessive activity and helpless depression in his search for affectionate relationships.

The works of Freud, Abraham and Rado would indicate that these people suffer from profound disturbances in their early attachments to the maternal object. They have been offered the symbolic breast but in such a hurtful manner that they can neither swallow the milk nor can they spit it up (*partial ambivalent incorporation*). They retain profound hatreds toward those people upon whom they become dependent (*oral sadism*), but continue to feel guilty toward those who have let them down. They may attempt to resolve this dilemma by ceaseless activities toward self-sufficiency during the manic phase, attempting to function without close personal relationships.

This state, with its apparent heightened self-esteem, has been compared by Freud to the primitive excitement of the savage dance following the totem feast, when the symbolic, hurtful parental figure has been killed and eaten. Lewin has compared the manic phase to an unconscious identification with either of the parents in sexual relations.

It is almost as if past sexual defeats and hostilities have been washed away, and the guilt which follows, with its expiatory behavior, is typical of the depression. Profound gastrointestinal disturbances are usually associated with such depressions, and during such a period, even when they are treated well, there is constant underlying coercive rage toward the parental substitute (biting the feeding, yet mistrusted, breast).

SELF-SUFFICIENCY IN ADDICTIONS

Another group of patients detached in human relationships consists of those who suffer from *addictions*. They undergo profound feelings of insecurity — an outgrowth and a product of their loneliness. Often, they may attempt to inflate their self-esteem and diminish their tensions by the use of drugs (alcohol, morphine, cocaine, marijuana). These drugs, as well as food addictions, also spoil the appetite and, therefore, narcotize the residual oral dependent needs in a symbolic fashion (Rado). This double effect of artificial ego-enhancement and diminution of dependency longings may enable them to function temporarily. If their escape is taken from them and they try to function without drugs, they become profoundly depressed and anxiety-ridden, frightened and lonely. At this point, they frequently break down, the underlying schizoid or depressed personality becoming apparent.

An addict may find himself capable of acting like a “man” only under the influence of such drugs, allowing himself freedom of sexual expression, affection or even hostility — which temporarily heightens his self-esteem. Without these artificial aids, he returns to ineffectual brooding, frequently unexpressed resentment, against other people.

All these previously described individuals are classified under the group of “narcissistic” neuroses, although by this time it is

evident that none of them is really in love with himself. In fact, they are constantly covering up a contempt for self, born out of their sense of parental rejection.

To cover their own self-contempt, they try to feel independent or detached, to believe that they need nobody; and they become convinced that a close emotional relationship is too threatening to permit them to express their dependent needs on a healthy level. They feel that other people can only be hurtful to them or be a threat to their self-sufficiency. These people stem from the most hurtful, rejecting or unemotional family settings, whereas the dependent individuals come from the more overprotective type of environment.

In contrast to the dependent, or overprotected psychoneurotics, who symbolically never leave their *oral* sucking attachment to the mother's breast, the self-sufficient types are attached to other levels of pregenital development. Their attachments may remain *oral* but destructive, on a biting, spitting or vomiting level. These *oral sadistic* syndromes in adult life have been applied to the description of alcoholism and manic-depressive psychoses. Other self-sufficient neurotics express their resentment toward their parents on an anal level. As children, they may have defied their parents' harsh discipline by excessive soiling (*anal expulsive*) or by constipation (*anal incorporative*). In adult life, such individuals may continue to express their hostility in a similar fashion, and such patterns are discernible in *paranoia* and the *compulsive-obsessive neurosis*.

The self-sufficient types may never have had a chance for any true oral-dependent attachments because their parents may have completely rejected them on that level. The experimental demonstration of many of these problems of parental rejection has come from the work of David Levy (*primary affect hunger*) and Spitz (*anaclitic depression*).

If they are not completely crushed in childhood, as many of them are, they can only respond with hatred or self-assertion as soon as they are able. The true schizophrenic, of course, can neither be orally dependent nor truly assertive on any level — since his contacts with people are only on a shadowy, detached level. He can, therefore, only run away.

The "self-sufficient" neurotics cannot be heterosexual in an

adult sense, because that means close emotional contact or needing another human being. They are fixated on levels of infantile "independence" — anal, urethral or masturbatory — where all their pleasures are derived from themselves. All the sexual perversions (*pregenital fixations*) are seen in most striking form in this group of patients, and homosexuality is often found just beneath or about the surface, with varying attitudes of conscious acceptance. The penis is always a hurtful symbol of strength, respected or feared, depending on the role of the hurtful paternal domination.

Their emotionality is always superficial and unappealing because they never learned to express it in an affectionate manner in childhood. They may rationalize their incapacity for healthy emotional contact by being contemptuous of it, calling it a sign of weakness. Because of their inability to seek out affectionate relationships, they become our greatest haters, directing their hostility toward the outside world rather than against themselves. They tend to hate those who are "soft" — women, minorities, peace-loving people, "neurotics," children.

They may resent any desire to help them, distrusting it as potentially humiliating, since it places them in a dependent position. They cannot form attachments to analysts and are therefore poor analytical risks. They want to be admired without being loved; they are incapable of sustaining relationships. They must humiliate or be humiliated. Their adjustment is always a fragile one and when they fall apart, they collapse completely. There is no in-between for them, they are either on top or on bottom. They lack the "cushion" which the more dependent neurotics find in their relationships with other human beings. The dependent neurotics are on a constant daily merry-go-round. They "die" a little every day, but, no matter how neurotic, can be lifted up temporarily by some intimate relationship.

This group of "independent" patients does not compromise; they are "supermen" or broken human beings. They grieve little for others, identify themselves poorly with their fellow men. Their *superegos* are derived from inconsistent or harsh parental figures, and they are in chronic warfare with the world and with themselves.

Chart F demonstrates the cyclic pattern associated with the self-sufficiency mechanism of defense against anxiety. It will be noted that in all these syndromes, anxiety inevitably returns because the individual has effectively isolated himself. These are the most psychotic patterns of human behavior and almost always contain a profoundly depressive element. Because of the severe mental changes and the cyclic pattern (especially in the

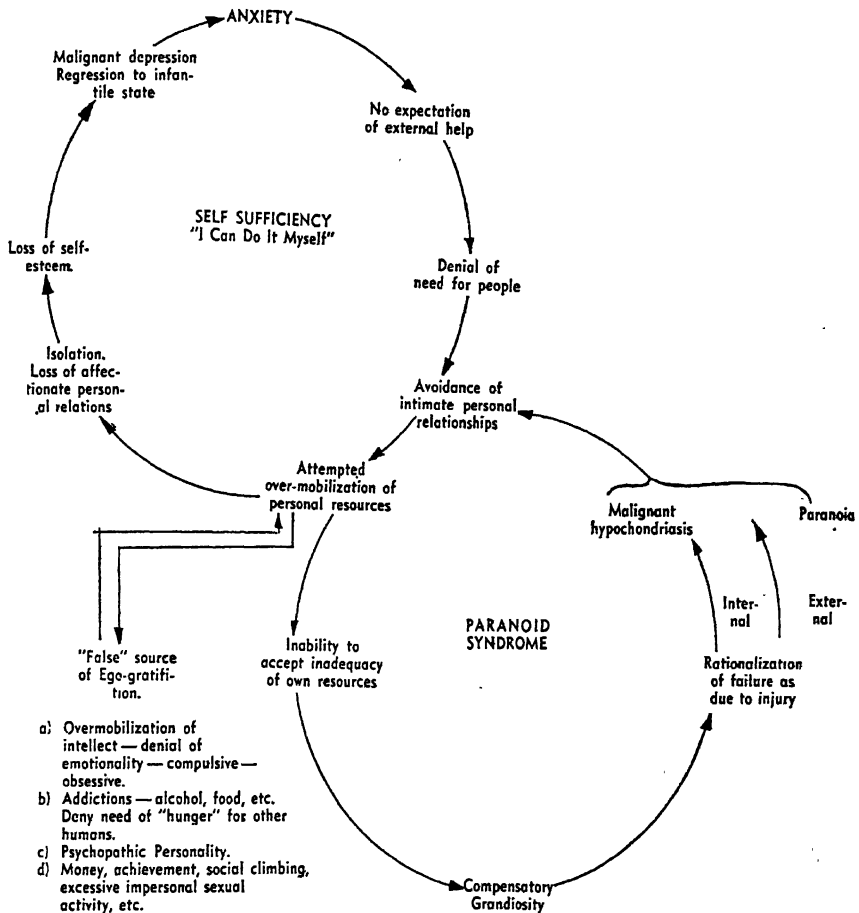


CHART F

manic-depressive psychoses), an organic or endocrine etiology has repeatedly been postulated as the underlying basis for these syndromes. Thus far, no such clear-cut factor has emerged; and we, therefore, prefer to view the picture from a *psychodynamic* point of view for the present.

We have completed our survey of the basic disorders of human conduct, arranged about our initial system of the three methods of defense against anxiety. Our discussion thus far has concerned itself only with the pathological manifestations. However, these same patterns form the basis of all normal effective behavior. Let us begin to examine how our psychodynamic scheme can be used to evaluate the "normal." Only if we can accomplish this purpose, will it serve a therapeutic or functional purpose.

Chapter VI

DEPENDENCE, INDEPENDENCE AND EMOTIONAL SECURITY

How does the human organism, in our present cultural setting, attain that elusive state known as "emotional security"? Obviously he cannot attain it by running away, nor will it develop in an aura of dependency. Creative and competitive activities, in themselves, do not carry its guarantee. In all likelihood, elements of every defense are needed.

Having studied the pathogenic aspects of the various defenses let us reconsider them for the purpose of finding their most appropriate arrangements. Since interpersonal relationships are largely related to dependency and independency, let us first review the problem of dependency. There is no doubt that the dependency constellation of the neuroses, as such, is destructive. Is it ever then a constructive force? Does it ever help mobilize the individual for activity, even if only temporarily? Does it ever serve a useful function? It obviously does. Let us outline a few examples where dependency, in individuals and in groups, may serve a useful purpose.

THE THERAPY OF RELIGION

Dependency on God may be an extension of the magical expectation of infantile dependency on the idealized parent. With few exceptions, most cultures cut their religious figures out of the early family pattern. If the male parent is indulgent and permissive, a benevolent type of God is created — as distinct from the punishing deity, which develops out of an authoritative patriarchal family unit.

If the adult becomes increasingly dependent, the need to return to the magical expectations of childhood is greater. This he tries through submission. When he faces constant daily frustration,

because of an incapacity to function by himself, he may turn to others for help. However, he is invariably disappointed, since they cannot fulfill his inordinate expectations. He then has no alternative but to turn to a mythical figure who will always sustain him. This is accomplished by deferring his expectations to "life after death," enabling him to accept failure or frustration because of a constant hope of later rewards. Self-abnegation then ceases to represent failure in life, and becomes instead a virtue and an instrument of salvation.

This is accomplished with relative ease since many an ineffectual individual is already guilty for his unacceptable sexual and hostile feelings since early childhood. He becomes only too willing to delegate the omnipotence to God and attempt to placate him through submissiveness, prayers, and other religious ceremonials.

Under these circumstances, religion becomes a powerful source of emotional security. This extension of infantile security allows many individuals to mobilize themselves sufficiently to attain various degrees of adequate functioning and creativity. Many disturbed and anxiety-ridden people achieve therapeutic aid of varying duration through Christian Science, the Oxford Movement, and faith cures. The religious system of therapy helped many people until the Reformation, when mercantilism began to appear and salvation became associated with success *in this world* (Kardiner, Fromm, Jones).

In our present competitive society, there are not very many people who are able to defer gratification until after death. True dependency on religion has diminished although there are still some people who can utilize this dependency attitude to allay underlying difficulties.

While individual personal faith of this kind is no longer a dynamic force for most people, the institutional community aspects of religion have replaced it in significance as a force for security. We cannot discuss these aspects at this point, except to note the attempted fusion of religion and psychiatry in recent years (Zilboorg, Liebman, Group for Advancement of Psychiatry).

THE THERAPY OF A POLITICAL IDEAL

Many a lonely, inadequate person finds some security by joining others in the promotion of a political ideal. In this case, the political leader may become transformed into an idealized, benevolent, paternalistic figure, and the fellow party members become meaningful human contacts who are devoted to a common ideal. All frustrations in personal life and creativity may be rationalized away as devotion to a higher cause. The individual feels as if he "belongs," life takes on new meaning, and much purposeful and pleasurable activity is often achieved.

These types of mass dependency in religion and politics may serve a useful purpose in promoting the stability and cohesiveness of the individuals in the group. This sharing of "idealized figures" promotes the development of common ideals and aspirations, brings people closer to each other, and leads to the development of a *common ego ideal*. (Where they go together from this point, however, is another story — and depends to a large extent on the nature of the leadership.)

GROUP THERAPY

In recent years, similar therapeutic relationships have evolved through the agency of group therapy and psychodrama. The phenomenal success of "Alcoholics Anonymous" also serves to emphasize group dependency as a therapeutic instrument.

An outstanding example of the therapeutic nature of group relationships is evident in wartime, when there is an overwhelming amount of stress placed on the individual soldier. When alone, the soldier cannot avoid feeling helpless, and all reports indicate that those who are "independent" and detached from their fellow soldiers are the likeliest candidates for breakdowns. Dependency on officers, "buddies," the unit, on the other hand, has been seen as a crucial factor in promoting stability and maintaining morale. This type of dependency which occurs in special wartime conditions, serves a useful purpose in promoting effective functioning (Freud: *Group Psychology and the Analysis of the Ego*).

In the history of a culture, when infantile inhibitions begin to have universal meaning, they become incorporated into custom, law and taboo. These social institutions, although they serve to perpetuate repressive patterns, lessen internal conflicts by mass conformity. If the original parental prohibitions can be externalized and attached to a god, judge, chieftain or president, the need for internal regulation is lessened. This also reduces the individual's sense of guilt, and, through institutional forms, makes possible the expression of his resentment against the inhibiting paternal figures (*Totem and Taboo*). Thus, the idealized figure may be thrown out of office (president), or be forced to lead an extremely restricted existence (chieftains, priests) or be denied sexual pleasures (monotheistic gods).

In contrast to the group dependencies just described, there are the individual forms of dependencies. These are perhaps even more significant in achieving emotional security.

DEPENDENCY ON LOVE RELATIONSHIP

Falling romantically in love often effects an enormous change in an individual's daily functioning. The man (or woman) idealizes the opposite partner and reproduces the original infantile dependency on the parental figure. This state may have a tremendous therapeutic effect upon the "lover," producing feelings of real personal security and spurring him on to greater activity. While not always successful, the romantic love experience may serve as a powerful impetus toward attaining a greater maturity and sense of responsibility. It can also have the opposite effect if the infantile attitudes persist too long and no stable achievement is associated with it.

DEPENDENCY ON PHYSICIAN AND PSYCHIATRIST

Some of the most potent therapeutic results have stemmed from the "transference" relationship between doctor and patient, independent of any intellectual insight. Freud, in his original attempts at psychoanalysis, overlooked this factor. He presumed the analyst-patient relationship to be a purely intellectual one. Since, however, the dependence on the analyst cropped up continuously, he was compelled to take it more and more into consid-

eration. He learned to employ this repetition of infantile dependency therapeutically (see case of "Dora"). Today, Franz Alexander and his group are utilizing this factor as the almost exclusive basis for therapy. They use it as a means of mobilizing the individual to increased functioning, and afterwards wean the patient away.

The same type of temporary enhancement of the *ego* is seen in hypnosis and suggestion therapy, but unless combined with other methods of treatment (as is now being done with the newer hypnoanalysis), rarely has any permanent effects on the functioning of the individual.

All improvements stemming from these dependency relationships are based essentially on an illusory principle. They are "illusory" in the sense that the suffering person gains strength through the identification and idealization of an unrealistic image. While the idealized image may be illusory, the subjective feeling is certainly not. It is a very meaningful repetition of a childhood experience and may be transformed into marked changes in behavior. Under the protective wing of these various dependency attachments, the individual may stop running away from his difficulties, be enabled to face his unconscious, and attempt to mobilize his energies toward greater accomplishment.

THE EVALUATION OF DEPENDENCY

Is the phenomenon of ego-enhancement from dependency relationships completely transitory, one that should be utilized only in childhood or by helpless neurotics? One would gather from the popular and psychiatric literature that dependency in adults is an exclusively destructive trait.

Popular authors like Philip Wylie and Dr. Edwin Strecker warn mothers in castigating terms against being overprotective toward their children. They are urged to send their children to nursery schools to discourage undue dependency. Dr. Brock Chisholm cautions the world that dependency, unless due to physical incapacity, is a serious human imperfection which will lead to recurrent wars. He writes: "The ability to size things up, make one's decision, is a characteristic of maturity. This implies a considerable amount of independence. A mature person is not dependent unless ill."

The social ideal of a mature adult is seemingly one who is always capable, strong and efficient, having no moments of insecurity or dependency longings. In other words, the individual has outgrown every residue of infantile longings. How is such a state attained, if it exists at all? *Is any human being ever capable of being so completely detached and self-sufficient — without running away like a schizophrenic or being grandiose like a paranoid?*

Every analysis produces evidence of some residual dependency — in religion, in relationships to marital or business partners, to analysts and even to children.

In an earlier work, Alexander described his reactions to the difficulties of resolving residual dependencies (*Medical Value of Psychoanalysis*):

“Analytic studies show that perhaps the greatest emotional difficulty that the human being has to solve during his life is the relinquishment of the biological dependency upon the mother and the acceptance of the mature emotional attitude which corresponds to the status of biological maturity.

“The picture offered us by the microscopic study of life histories with the magnifying glass of psychoanalytic technique is as if the individual would accept only reluctantly the independent state of maturity, driven to it by the inexorable course of biological growth; and as if deep down it never would renounce fully the longing to return to the happiness of the irresponsible dependence of infancy. The mythology of the golden age and especially the Biblical story of Genesis, of the Garden of Eden, are clear testimonies of this regressive craving of man for the lost paradise of childhood, from which he was expelled after he had eaten from the tree of sexual knowledge. The Biblical story of expulsion betrays an intuitive grasp of the fact that the achievement* of sexual maturity is the critical turning point in life, which ends the careless vegetative phase of dependence. *Noblesse oblige!* Every new biological capacity acquired during development means a new obligation for the individual: after he develops teeth, he loses the right to be nursed at the breast; after he learns to walk, he loses the right to be carried around; and after he achieves the capacity of producing children, he loses the right to be a child.”

No matter how we examine the question, there is little doubt

that we cannot label the factor of dependency in adult behavior as always neurotic. Its apparent continuation seems to be the inevitable result of the long period of childhood dependency typical of man. We may beg the question by labeling certain dependencies as healthy and others as neurotic, but dependency always exists, whether for good or bad, and is always an integral part of a healthy adjustment. Those individuals who presume to deny its importance for themselves, tend to become detached and friendless.

The continuous attempts to resolve completely dependency in psychoanalysis seem to end in a pseudo-dependency on the analyst. The patients who leave analysis convinced that they are rid of every vestige of dependency often behave like automatons, and are looked upon as queer by their former friends. When they get into trouble, they frequently have to run back to their analysts to reassure themselves that they still are members of the inner clique of analyzed supermen.

This denial of the need for other people leads to increasing emotional isolation and detachment, which invariably have striking effects on the personality. Since the original creative capacity of the independent, resourceful individual developed in a background of dependency on paternal figures, the human being, above all other animals, seems unable to function in complete emotional isolation without sooner or later developing a feeling of helplessness and depression.

In the same vein, does the need for approval ever completely disappear? Can it ever be said that a person's activities are completely detached from his need for approval from others? The child certainly cannot develop confidence without such parental approval, and the persistence of such a need cannot be labeled neurotic — nor simply be dismissed as seeking "narcissistic supplies." The quantitative factor seems more important than the qualitative one. In other words, it is a question of *how much* adult activity is determined by such a need.

The cultural setting in our present competitive society places such a high premium on the denial of weakness, or need for other people, that some individuals are brought up in an environmental setting where little emotional support or affection is

forthcoming. Thus, there is no expectation of reaching out for other people, because they were reared by parents who rejected their children's attempts at affectionate contact.

Our culture — with its increasing psychological insight, growth of rationalism and science, increased freedom of movement, sexual liberation of women, recurrent world wars, deteriorating close family units, rejection of religion, lessening of filial obedience — makes it more and more difficult for people to run away from their problems; yet at the same time it discourages their solution through dependency.

So much emphasis has been placed on the hurtful aspects of prolonged dependency that many a modern mother lives in terror of overprotecting her children. She has been made so fearful of raising infantile or "emotionally immature" children, that she is afraid to love them too much and may urge them on to self-sufficiency before they are ready.

Some analysts tell her that if she overprotects her child, she is basically hostile toward him — so some women attempt to prove their love for the child by not loving him.

While there are very real dangers in overprotection, they seem minor when compared with the effects of rejection or premature urging toward self-sufficiency. The overprotected child at least has a residual core of healthy emotional expression; he is dependent and can reach out for people in adult life. This at least offers the hope that he may still be capable of further growth. The self-sufficient or detached person has none of this quality, and can only become hostile or withdrawn when he feels insecure. *Above all the most hurtful concept that we can instill in a child is to lead him to believe that when he needs help, he cannot look to other human beings, but only to himself.*

There is nothing more shattering to a child's adaptation than to force him to meet new situations before he is ready. We thus deprive him of the protectiveness which is his due. While such a child may temporarily "look good" when he mimics the adults, he is apt to fall apart later in adolescence and yearn for the dependency which he lacked earlier in life. It seems more desirable that infantile dependency be fulfilled in childhood, than have it remain an unfulfilled longing for a lifetime. *There is apparently no way of depriving a child of his period of dependency without doing irreparable damage.*

The so-called "democratic" relationship between parent and offspring is essentially a rejection to the child, since it implies equality when it is non-existent. Actually it constitutes a parental avoidance of responsibility and leadership when it is so sorely needed by the youngster. It is no freak accident or change in diagnostic skill which accounts for the decreasing number of hysteric (dependency) types and the increasing appearance of schizoid, detached personalities. *The apparent self-sufficiency of man is beginning to boomerang!*

It is a serious question whether healthy social relationships ever exist without the elements of dependency. Who are the people we like most? Do we like those who seem completely self-sufficient? They may have our respect or admiration, but not our warmth. We feel closest to those who seem to enjoy our company and need us, or miss us when we are away.

The relationship between dependency and social existence has been described by Robert Briffault in *The Mothers* as follows:

"In the higher forms of animal life, what has commonly been called the 'social instinct' is the direct outcome of the relation between mother and offspring, and of the reflection of the maternal instincts in the relations of mutual dependence and sympathy, between members of the same brood or brotherhood. . . .

"The material out of which all human society has been constructed is the bond of those sentiments. These have undergone many extensions and transformations, sentiments of brotherhood towards all members of the same clan, and, in higher forms of culture, ideal loyalties, patriotic devotions, and religious altruisms. Those sentiments and social virtues which are necessary to the existence of any form of human society have their original root in the feeling which characterizes the relation between mother and offspring."

If residual dependency is such a significant factor in human relationships, what of its opposite — being depended upon or taking responsibility for others? If one of the most fundamental characteristics of humans is their long period of preliminary dependency, the human race would quickly disintegrate if there were universal contempt for the weak and helpless. The tremendous ego-enhancing effect of being relied upon is seen most strik-

ingly in the love of a mother for her infant. A mother may be suffering from all kinds of hardships, but when her baby turns to her for care, she suddenly feels needed, worth-while and happy. If her husband is unemployed and the landlord is demanding the rent, having to take care of the infant may be only an additional burden, yet all this will disappear in the moment of caring for the hungry child.

There are many examples of the ego-enhancing effect of an attitude of responsibility to other human beings. For many people, it gives their life meaning. It may even extend to attitudes toward animals. Feeding a cat may make many a lonely spinster feel more secure and worth-while, because of her protective attitude toward, and the reciprocated affection from, the animal. It is very easy to dismiss this feeling as a frustrated maternal longing. However, it is no less operative in the male sex than in the female. It is intimately associated with the fact that human beings who did not belong to some kind of family setting, no matter how primitive, have never been discovered.

Does this quality of love as an outgrowth of dependency ever disappear from the human relationship, even in adult life? Probably not, and many a woman has discovered that the easiest way to interest a man is to let him feel that he is really needed by her. The sophisticated, self-sufficient woman may need the elusive bachelor just as much, but probably feels that showing her need would be humiliating or socially unacceptable. Many a wife feels isolated and alone when her husband is successful and aggressive and her children adequately cared for by servants.

In recent years, there has been a growing contempt for affection based on need. Women often confide to analysts the belief that the love they have for their husbands is neurotic and "maternal" because they feel closest to them only when needed. Many patients complain that in the process of becoming "well adjusted," they start losing all their friends.

• One patient, after six months of analysis, felt quite secure and self-sufficient (partially based on her transference relationship with the analyst). Her problem, which was a relative ineffectuality in work, was primarily caused by her extreme dependency on other people. She had had a host of friends and a busy social life which interfered with her concentration. When the analyst dis-

sected her relationships with her friends, all kinds of neurotic-dependent components were elucidated, including unconscious hostilities, ingratiating, etc. After six months, she announced that she was much better in her attitudes, but now had no friends left. Was this a successful result? Do personal relationships ever exist where there are no residues of infantile longings? It seems not, and to analyze the factors which draw people together as "infantile," or relate them to a "desire to return to the womb" seems mischievous. *The time and effort seem much better spent in analyzing the forces which repel people from each other.*

NORMAL DEPENDENCY

After viewing these extremes in attitudes toward interpersonal relationships, the question then arises — what is normal dependency? The implication, on the one hand, is that dependency is always unhealthy. The sexual components of dependency have been extensively discussed under the headings of immature love, incest, femininity, and sublimated homosexuality. The *libidinal components* of dependency have been categorized under *narcissism, inverted sadism, masochism, cathexis, and defective object relationships*. The therapeutic significance of dependency has been limited to the categories of Mesmerism, cultism, religion, hypnosis and transference. Even those authors who talk glibly of "normal dependency" emphasize only its hurtful aspects.

Thus, many a desperate patient veers away from psychoanalytic help for fear that all of his dependent needs will be discouraged and that he will be urged on to a self-sufficiency which he cannot visualize for himself. Since this misconception tends to confuse many people, let us attempt a clarification of what is "healthy dependency," approaching the problem from a functional point of view, and in terms of its effect on the adult.

Dependency should be periodic, not full time as it was in childhood. Its use should be restricted to periods of real stress; to be used only when needed and not as a pattern for existence. It should serve as a "battery charger" when life seems to run down — a temporary haven of emotional security when self-sufficiency is at a minimum.

Dependent needs should be attached only to those people who

are realistically capable and willing to fulfill emotional needs. *Dependency is always unrealistic when attached to individuals who refuse to accept such responsibilities.* Under these circumstances, dependency can only give rise to magical unrealistic qualities of inordinate expectation which, in turn, lead to outbursts of alternate hostility and retreats to submission. In adult life, therefore, dependency is realistic only when potentially capable of fulfillment.

Dependency should be alternating and reciprocal. The stream should flow both ways. An individual must have relationships in which he can not only occasionally be dependent, but depended upon. In this way, he maintains his dignity as a worth-while person, and neither member of the relationship is on top or bottom all the time in a fixed irreversible fashion. In such relationships, both partners can almost always feel like effective adults and operate on a democratic level. The understanding is that if either one needs emotional support, it will be forthcoming from the other without the temporarily dependent person being put in a humiliating position. In other words, there is a give-and-take in which each partner plays the adult-parent or child-dependent role according to the needs of the other. "Democratic" relationships where neither partner is willing to help the other must, of necessity, collapse under the stress of real difficulty.

Frequently, it can be stated that an individual who refuses to "take," cannot "give" — and no individual can keep "giving" all along without eventually going into bankruptcy. While, to the modern man, being depended upon is often considered a subtraction (or a loss) rather than an addition to his state of emotional security, actually, in a close human relationship based on mutual dependency, there are no losses — only gains for both. Neither partner can be the loser in such an arrangement.

A state of healthy interdependency is best achieved in close personal relationships and, mainly, within the framework of a marriage. Long-range sexual partners should need each other without feeling humiliated or defensive about it. The quality of needing each other is the most cohesive factor in human relationships. No human being in our society can play strong man or weak child all the time without developing resentments. The capacity to be weak on occasion and to look for emotional

support is crucial to healthy adaptation. The normal social façade of resourcefulness, which may be necessary for competing in our society, is incompatible with the intimacy of a healthy emotional relationship.

Dependency, on the other hand, should be minimal in impersonal, competitive, business and professional activities. Each person should be able to enter into these activities without seeking love, affection and approval from commercial competitors. To seek approval from an employer by submissive behavior is to put one's head into a noose. But "giving in" toward *a loved one* who responds in kind at the proper time is quite appropriate.

This type of reciprocal fluctuating dependency frequently is an effective substitute for the residual dependency longings. It can channelize these longings into constructive close personal relationships and increase the capacity for healthy competitive activities in the world at large. It is the only alternative for the more neurotic dependency constellations. Unfortunately, it is rarely seen at the present time, when "weakness" in any form is regarded with contempt. Most people seem to be dependent all of the time or attempt to be continuously omnipotent. Neither extreme is compatible with effective living.

Healthy dependency relationships supply a home base of operations or a frame of reference to which the individual can return following competitive or assertive activities. *The knowledge that the home front is ready and stable for retreat, allows a person to exercise greater freedom of movement and initiative in impersonal activities.* It is equivalent to the same situation in childhood, where healthy dependencies allowed freedom for growth without fear of loss of survival.

If dependency is not established in decent human relationships, it will always leak out somewhere else—in business, in political heroes, or in the church. Only a person who fulfills his dependent needs in his intimate personal life can effectively participate in such activities without neurotic investment. Of course, there are many successful business men, active religious proponents or great political figures who fail to fulfill these criteria and who seem to throw all their personal energies into the "cause." More frequently than not, however, such people tend to be intolerant,

unstable, and are easily discouraged when their activities fail to achieve desired goals. Too often, they become disillusioned and destructive.

The denial of dependency is as destructive as its excessive use. One can deny the need for other human beings only by a massive withdrawal from human contacts or by becoming hostile to the human race. "Healthy" dependency can be evaluated solely by an appraisal of its effects on the individual — upon whether it increases anxiety, whether it stimulates or inhibits creativity.

If we were to reconstruct the history of the analytical movement, we could subdivide it into three major phases. The first period was concerned with the mechanisms of flight or withdrawal, based essentially on a study of the unconscious. These investigations, while fruitful, have about reached the point of diminishing returns from a research point of view. The second phase was concerned with ego psychology and the efforts of the human being to attain a higher degree of self-sufficiency and creativity. The third phase, which has barely begun, is the evaluation of healthy dependency phenomena as a crucial mechanism of normal social adaptation. Franz Alexander seems to be writing this new chapter into psychoanalytic history with his recent works. More and more, psychiatrists seem prepared to accept the dependencies of religion, social causes and group movements as healthy and needful, without labeling them "sublimated homosexuality" to a father figure, or a desire to return to the mother's womb.

When this third phase is completed, in the not too distant future, psychoanalysis will be able to modify simultaneously all methods of defense against anxiety and to compete therapeutically with religion, political movements, and faith cures, which analysts have dismissed as neurotic compromises but which have frequently fulfilled the dependent needs of those people who could not achieve this fulfillment in their human relationships.

Chapter VII

APPLICATION OF BASIC CONCEPTS: INTERPERSONAL RELATIONSHIPS

EVERY organism attempts to handle the emergencies of its existence in three basic ways. In the course of a lifetime, each individual uses methods of adaptation to survive or to maintain a meaningful equilibrium with his environment. In infancy, however, under certain conditions, it is possible to start these three patterns operating in such a manner as to perpetuate and preserve the basic anxiety for a lifetime. They become vicious circles which always throw him back to his original anxiety state, and limit his adaptive growth so that he continues childhood techniques of adaptation into adult life. These neurotic behavior patterns become self-perpetuating and even though the average patient tries one pattern after another (or two or three simultaneously), he usually returns to his primary anxiety-ridden state.

The typical neurotic has all three sets of defenses in operation, but usually in the wrong places. He is very self-assertive, independent, and relatively withdrawn, but with the wrong people — generally his loved ones and his potential friends. When he tries to earn a living or is in a conflict situation and should be more assertive, he is submissive, ingratiating and helpless. He runs away effectively from situations he should face in order to be happy, and bravely attempts to handle situations that are not only unimportant to him, but from which he should have fled a long time ago. He fights insuperable, unimportant battles, puts up a brave front with his friends and acts submissive to his enemies. Adaptation collapses recurrently, and anxiety is always present, despite the fact that he often has all the prerequisites for a useful, happy life.

Usually, all this is happening with no awareness on the part of the individual. The patterns have been established so early in

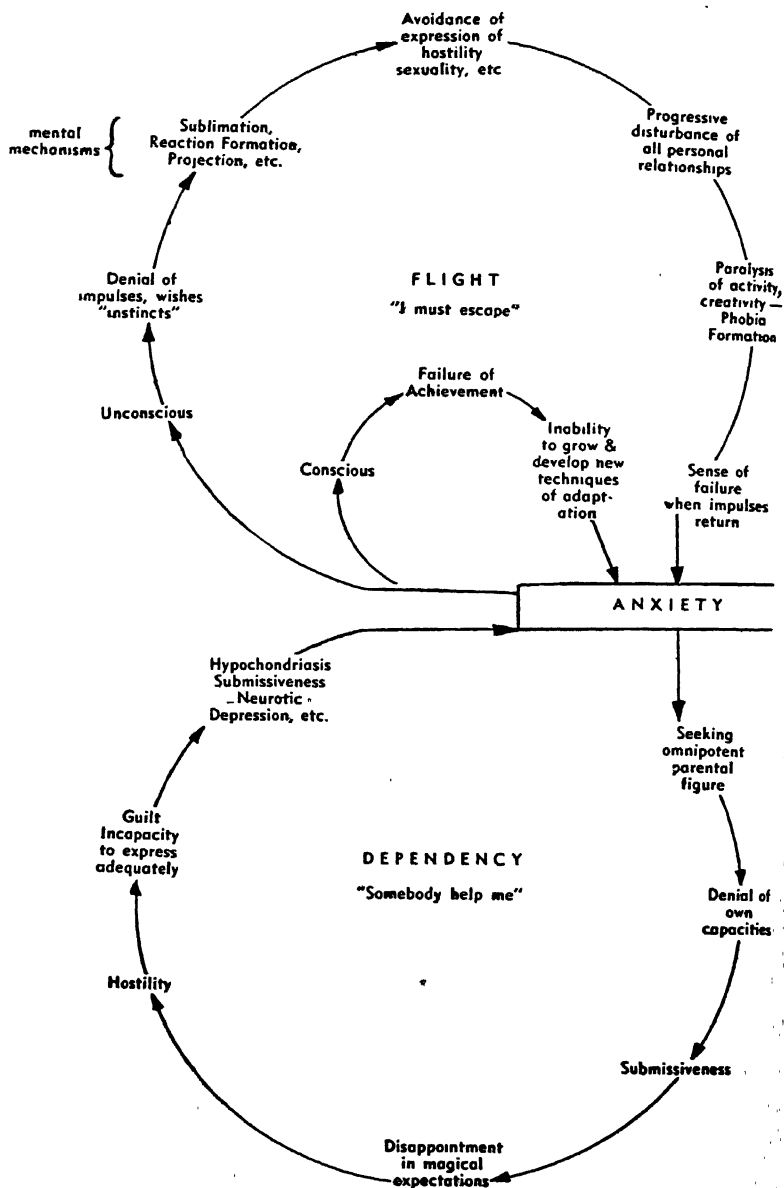
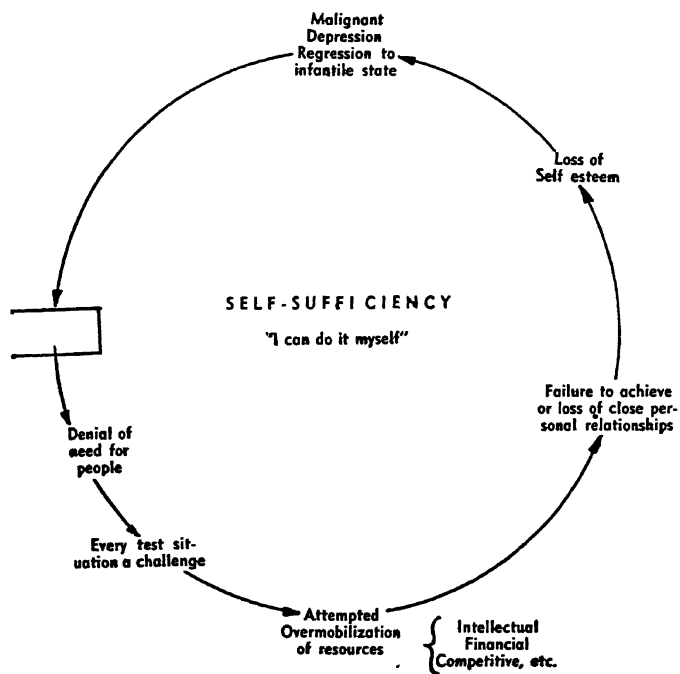


CHART G



childhood that their origins have been repressed; more so, since the original experiences which precipitated the neurotic pattern were so painful for the child. By the time the individual reaches adult life, the complicated processes of the unconscious have usually distorted the original experiences and desires almost beyond recognition by *repression*, *sublimation*, *reaction-formation*, etc., and the complex patterns can no longer be unraveled by simple devices or good resolutions.

A summary of the three basic patterns of neurotic defenses is presented in Chart G. All three may be normal or pathological, depending on whether they are used at the right time and in the correct situation. The normal person avails himself of all patterns, does not follow any fixed path in a rigid, inflexible manner. He uses alternatives as the situation dictates and does not follow an isolated pattern determined by defective childhood conditioning. He works toward realizable goals, those which will diminish anxiety rather than perpetrate it.

Such a chart is, of necessity, limited in scope because of its two-dimensional quality. No human being ever travels the same road twice and each new cycle cannot help but change his course somewhat. If it were possible, such a chart should consist of three spirals, beginning at birth and increasing or decreasing in diameter as the individual varies his patterns depending on his relative use of the defenses against anxiety.

We find the three basic patterns of defense helpful in evaluating neurosis. It enables us to approximate "normality" in terms of adaptation rather than on the basis of *conflict* (internal or external) or the extent of *consciousness* of inner feelings. These latter criteria either present us with the dilemma of calling everybody neurotic, or put us at a loss to explain the apparent "normality" of those who seem to function so adequately despite much unconscious conflict. For everybody has an *unconscious*, and it invariably presents some evidence of conflict, irrespective of degree.

In the evolution of our scheme, when a person employs a specific pattern of neurotic defense, a characterological type emerges (*compulsive*, *paranoid*, *hysterical*). Usually, however, the individual is more resourceful in his attempts to overcome his anxieties and uses more than one pattern. This results in "*mixed-*

psychoneurosis," the most frequent diagnostic label at the present time.

In our scheme, self-esteem is based on a dynamic equilibrium among all three sets of defenses against anxiety. This equilibrium is extremely difficult to achieve in the absence of decent human relationships which fulfill some of the dependent needs. Nor can it be maintained without adequate achievement through the creative, independent abilities of the individual. It most certainly collapses when a person finds it necessary to flee in terror from his own impulses — or "faces" them only in his dreams in a disguised, symbolic fashion.

In any one area of defense there may have to be a temporary recession — leaving loved ones, temporary incapacity to work, moments of running away. If alternate sets of defenses are available, the individual may be sustained during such periods without too much difficulty. If the entire adjustment is based on only one method of adaptation, there will be complete collapse when it is temporarily lost.

It is time to summarize some of the more restricted methods of adaptation used to resolve difficulties — methods which fall within one or another of the three larger basic categories. These are devices which people use when they limit themselves to a single method of adaptation.

Flight or Withdrawal:

Many a neurotic person finds some relief by running away. He may retreat to a sanatorium, travel, or undergo a change of scene. He may learn to accept failure or retreat into chronic illness. He may find a secondary occupation or hobby that stills his anxiety. He may diminish his inner drives by sedative medication or warm baths. His physician may relieve his tensions by disrupting his brain metabolism (shock therapy or frontal lobotomy).

Dependency:

Other individuals attempt to still their anxiety by excessive dependency. Some obvious examples are:

Religion, Christian Science, Shrines.....	on God.
Hypnosis or Suggestion	on Hypnotist.
Political Movements.....	on Political Leader.
Romantic Love.....	on Loved One.
"Transference".....	on Doctor.
Army Life.....	on Government.

These patterns may not only help resolve dependent needs, but may simultaneously fulfill the need for punishment for unconscious guilt. Many a patient feels relieved by atoning before God, being shabbily treated by a loved one, or taking some horrible-tasting medicine from his physician. Shock treatments often serve a similar purpose.

Independence, Self-sufficiency:

There are many methods of attempting to achieve security through a greater capacity to function. This is the basis of ego psychology, Adlerian psychology (drive to dominate), Rankian psychology (will therapy) and many of the re-educative concepts of Horney. Intellectual insight, reeducation, new interests and activities serve the same purpose. "Total push" methods, or forcing the patient to face situations that frighten him, are based on the same orientation. The patient has to keep functioning continuously, can never relax lest his anxiety return. A similar therapy is frequently used by the physician, often unwittingly. He may prescribe such complicated regimes of treatment — pills, drops, diet, abstinence from tobacco, hot showers, sexual advice, etc. — as to fill the patient's day with such a *compulsive-phobic* pattern that he finds relief from his anxiety.

All of these therapeutic measures achieve some success because they employ one or another of the basic defenses against anxiety. Adjustments of this order, however, tend to rest on a shaky foundation. Nevertheless, many examples can be found where such a limited adjustment has lasted a lifetime. These are the people who are frequently labeled "neurotic," but who are able to carry

on as long as their limited adjustment remains unchallenged by unusual life situations.

Only psychoanalysis, based on all three sets of defenses, offers a meaningful therapeutic approach to the neurotic problem. It discourages undue flight, allows the patient to face his unconscious as well as his life situations under the protective *transference dependency* on the analyst. This dependency is eventually resolved and replaced by more equitable human relationships within his social scope. Creative and self-sufficient behavior is encouraged and the road-blocks to achievement are removed, so that eventually the patient is capable of functioning in a competitive society (see Chapter XVIII: "Therapeutic Value of Psychoanalysis").

DISTURBANCES IN INTERPERSONAL RELATIONSHIPS

Before leaving the problem of the basic principles of psychoanalysis, it might be worth while to review the basic types of human relationships. Several authors (Horney, Sullivan) have made these the cornerstone of analytical evaluation and treatment. It is obvious that human relationships are constantly being modified by the defenses against anxiety. Every change in basic defense automatically affects the personal relationships associated with it. It is doubtful whether we can build a psychodynamic system around a study of interpersonal relationships unless we understand the underlying defenses against anxiety. As an outgrowth of our preliminary studies, we can describe five types of human relationships (Chart H).

The first type (1) is that observed between child (C) and parent (P). We have described the many extensions of this relationship in adult life. Between two adults, it can only be a humiliating one for the inferior partner; the security obtained is often illusory, and it cannot form the basis for long-range human relationships. It does serve a useful purpose in religion, where it has sustaining effect in the face of frustration and loneliness. It may be a temporary expedient in human contacts in times of extreme stress, but if it persists too long, hostilities begin to generate.

The second type of relationship (2), between C and C, is that which may apply between two individuals who are both dependent on the same parent (P) (God, hero, etc.). They may have little contact with each other but feel identified, nevertheless, out of mutual admiration, fear, or glorification of the idealized figure. They do not feel alone, may stick together because of fear, and

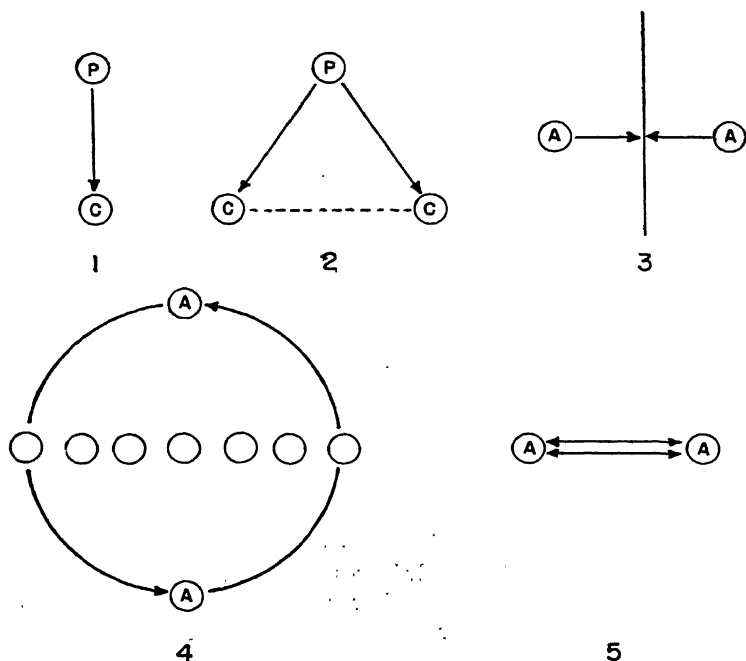


CHART H

may come into conflict with each other if they lose faith or if the parent dies. This type of human relationship (between two members of the same religious or national group) is, of necessity, rather nebulous, unless the two people have added meaning for each other. This is the kind of relationship which the local post office clerk may have with the bank president because they both

voted for the same presidential candidate; or the kind seen between two satellite nations both dependent on one great power for survival.

The third type of relationship (3) is that found between two "independent" adults, both of whom would like to feel self-sufficient and whose contact with each other is conditioned by competition or fear. Each rejects help from the other, and when either becomes insecure, he can only run away, put up a bluff, or react with hostility. It is this type of relationship which is seen between two schizophrenics in a state hospital, or two business men competing for a big business deal. It is a kind of isolationist, armed neutrality "truce."

The fourth type of human relationship (4) is the so-called *sado-masochistic* one, in which the individual never makes meaningful contact with other human beings on a level of equality or on a personal basis. He revolves about other people, feeling either very inferior or very superior. He is "out of touch" emotionally, and, if he stays on top, may become paranoid or manic; if he remains on bottom, he may become depressed.

The fifth type of relationship (5) takes place between two mature adults who come together because of mutual need, and engage in alternating give-and-take. This is the stable type, described by us as healthy dependency, and is the only basis for a democratic personal relationship. It is realistic and demands no artificial walls of defense. Hostilities are minimal since neither needs to feel dominant or submissive all the time. Personal contact with the opposite partner only adds to the adaptive capacity of the individual.

It is obvious that every person experiences many variations of interpersonal relationships in the course of a lifetime. No one pattern can be applied universally. The adult must, of necessity, have different relationships with different people — with his wife, his close friends, his children, his employer, his priest, his business competitors, and others. *The well-rounded individual should adjust to all varieties of relationships and cannot possibly achieve personal stability without being able to vary.* He must be a leader with his children; honestly dependent when he is sick; and democratic with his personal associates. He must be imper-

sonal and competitive (and potentially hostile) in economic activities, and should be capable of sharing social ideals and aspirations with others (religion, politics, etc.). It may even be necessary for him to be temporarily detached in a variation of the *sado-masochistic* pattern, when he enters a new business organization where he may have no equals, only superiors and inferiors.

Our most neurotic individuals are constantly searching for perfect relationships which they feel will solve all of their personal problems. They never succeed because no human relationship remains fixed without a wall of artificiality to sustain it. *Since the needs of people are in a state of constant flux, healthy interpersonal relationships are characterized by constant modification to meet whatever needs present themselves.*

Part Two

SEXUALITY

Introduction

LET us now begin to apply our psychodynamic system to the study of disturbances in sexual development. It is apparent that we have reversed the usual order of psychoanalytic formulation, which starts with disturbances in sexuality and traces the other aspects of neurotic human behavior as an outgrowth from these sexual difficulties. We have done this in order to demonstrate the workings of our psychodynamic system itself, and also how it applies to adaptation generally. Here it will be directed primarily to sexuality.

There have been many contributions to the study of the sexual life of human beings since Freud originally formulated his *libido theory*. Some of the newer orientations of Horney, Alexander, Sullivan and others have rejected much of the *libido theory*, and perhaps justifiably, but have not adequately replaced the original sexual orientation. Kinsey, in addition to many comparative anthropological studies, has offered new data in our own culture, and animal psychologists, especially Beach, have contributed much valuable new information. All new facts need continual incorporation into any evaluation of the sexual factors in the production of neurosis. This we shall attempt to do.

Chapter VIII

HEALTHY SEXUAL ADJUSTMENT

SINCE disturbances in sexuality play a most significant role in the development of neuroses, psychoanalysis has always looked in that direction for the focal point of anxiety. The sexual drive undoubtedly occupies a special position in the understanding of human neurotic behavior.

No other function has a greater instinctual and hormonal basis for fulfillment, affords more pleasure, and is as necessary to the self-esteem of the individual. Because of its hormonal influence, the "pressure" is always poised for fulfillment, whether the individual knows it or not. At the same time, it is the only important body function that can be restrained without destroying the survival capacity of the organism. At times, its fulfillment may even be incompatible with the self-preservative instincts.

The sexual function, therefore, can be inhibited for a life-time, cause many derangements of a physical and psychological nature, and still be compatible with continued existence. These special attributes of "civilized" sexuality have largely determined the manifestations and course of neurotic behavior in humans.

It was through the study of human sexuality that the *libido theory*, the basic framework of modern psychoanalytic thought, was formulated. Utilizing this theory, it has been possible to describe many neurotic manifestations and characterological disturbances, in terms of fixations on, or regressions to, immature levels of libidinal organization (*oral, anal, urethral*). The adult sexual experience has been considered a fusion or integration of these various earlier drives, all working toward a culmination of genital orgasm. Within this theoretical framework, maturity is the equivalent of attaining "genital character" with a minimum residue of infantile *libidinal* expressions.

It has been easy to describe many neurotic phenomena in

terms of pregenital fixations, but the definition of normal adult genitality has been more difficult. Let us once again reverse the usual sequence of psychoanalytic discussion by attempting to reach a definition of normality, or the "genital character," before we take up its abnormalities. Only then can we begin to approximate a functional, psychoanalytic point of view toward sexuality.

What is the "*genital character*"? What do we mean by being "sexually well-adjusted" in adult life? We offer the following ideas for speculation.

Do we mean good capacity for genital orgasm in heterosexual experience; adequate capacity in the mechanics of the sexual act? Some contemporaries, among them Reich, believe that orgasmic capacity is the basis for the feeling of well-being. Analytical therapy has always directed its efforts toward the accomplishment of these above-mentioned sexual goals, particularly since psychoanalysis began its operations at a time when patients, especially women, had little emotional capacity for adult heterosexuality. Today, however, we could no longer use this as our sole criterion for normalcy.

Many of the severely neurotic patients who appear for help have ample capacity for sexual gratification. In the past fifty years the atmosphere of increasing sexual permissiveness has begun to have its effect on much of our population. In fact, at the present time, the problem of handling the sexual lives of many patients may be more in terms of accounting for, rather than in the liberation of, the sexual impulse. Interpersonal relationships can readily be thrown out of kilter when people are led to believe that sexual gratification is the exclusive mechanism for working out personal problems. Any long-term relationship built exclusively on this premise would become quite unstable. *Moreover, the concept that people must be gratified every time they have a sexual impulse results disastrously, leaving the individual with very little tolerance to frustration.*

We know that liberated sexuality, divorced from personal responsibility or healthy dependency, results in unstable personal relationships and a sense of isolation. It often winds up in feelings of depression and insecurity. Continued sexual activity

of this nature usually is the sole means of achieving abnormal self-sufficiency, and takes on the qualities of an addiction, similar to that of morphine or alcohol. It becomes a specialized device which offers temporarily heightened self-esteem and momentary resolution of inner insecurities.

This is a problem which the early analysts rarely faced, if at all, since it is largely the product of a cultural change within the last two or three generations. To treat such patients in terms of the *libido theory*, and attempt to break through their inhibitions, would be meaningless. We don't mean to imply that the "old-fashioned" sex-inhibitions have disappeared. They still are very much in evidence. But an increasing number of patients who have managed to overcome earlier inhibitions continue to suffer from profound emotional disturbances. This is especially true among the various groups of psychosomatic disorders (ulcer, hypertension, etc.), where the overmobilization may be unassociated with any true sexual incapacity.

Does being sexually well-adjusted mean sexual functioning only within the framework of marriage? This would come closer to the social norm and would include the factor of a healthy sustained *object libido*. Yet, by this standard, are we to classify all those whose sexual activities take place without marriage as neurotics? And, by the same token, does the fact that many individuals limit their sexual activities exclusively to marriage guarantee them normalcy?

The limitation of sexual activities to the marital partner always carries with it the need for suppressing sexual feelings toward other members of the opposite sex. Can such an adjustment be unassociated with tension and conflict? Does it ever fail to manifest some difficulties through dreams, social behavior, etc.? It seems unlikely that the adjustment can be achieved without tensions of some kind. On the other hand, how much extramarital sexual feeling or activity is normal? Under what circumstances is it beneficial? Or is it always destructive to the over-all adaptation . . . ?

Do we mean that healthy sexual adjustment exists only with a background of being in love? Romantic love is non-existent in a considerable portion of the world, and it is doubtful that such populations must summarily be considered neurotic. The concept of romantic love is a recent one in our culture, and reaches its highest form on the American scene. On the face of it, it would seem that love does not necessarily prevent neurosis. In fact, some of the most severe sexual problems occur with a background of romantic love.

Why is it so difficult to define the state "sexually well adjusted"? Probably because the customary means of definition are not present here. The boundary lines are too nebulous and wavering, and a simple definition is not available. If we cannot supply a complete definition, it is important to know why. Perhaps the difficulties themselves can reveal additional clues to the nature of the problem. Why can't we supply a simple definition for sexual normality?

The first reason is that our cultural attitudes are very much in a state of transition, leaving us without the fixed standards so necessary for stability. Subsequently, many variations in the sexual pattern may, or may not, be socially acceptable. Thus, in one small community, we may find a person who is faithful to his spouse although surrounded by others who are not. A group of married men from this area will evince considerable envy when the talk gets around to the local "wolf," and teasingly dub "good old Joe," who seems happily married and faithful to his wife, as henpecked. In that same neighborhood, on the other hand, the unattached males with many varied experiences almost invariably admire their friends who enjoy stable marital lives. In other words, since many methods of sexual adaptation exist, all of which carry some prestige value, there is no uniform standard by which people can measure themselves.

Many cultures have a fixed social norm toward which everybody strives. These cultures also provide the means for attaining these norms. For instance, in the Marquesan culture, each man is expected to attach himself to a family group and to work within this group, even though there may be several husbands. That is the norm there. In Chinese villages, every man is expected to

marry, and there is no expectation of divorce. Infidelity or premarital sexual experience carries with it social disapproval.

Many stable cultures have socially accepted sexual standards. This is not the case of our own culture today. Until recently we had some middle class values. But lately, the massive social changes we have undergone have resulted in such a wide latitude of variations that it is impossible to establish a norm.

Romantic love, as portrayed by the radio and movies, is considered ideal, but economic factors often block the attainment of this goal. Within relatively small social groups, there exist, side by side, diverse attitudes regarding premarital sexuality. Some women want husbands who are sexually experienced and even ones who boast of their previous prowess; others want their husbands to come to them in the virginal state. Infidelity floats about with varying degrees of acceptance, even while countless marriages are wrecked by its introduction. The increasing frequency of divorce adds to the complexity of defining standards, since this contributes the factor of a multiplicity of relationships. With so many variations of acceptable standards and practices, it becomes very difficult to define well-adjusted sexuality.

Anthropologists who have studied this question have been struck by the extremely wide variation of behavior in different cultures. Almost every new culture studied has a new pattern of sexual attitudes. While it is not for us to decide which are normal and which are not, it would seem likely that the simultaneous existence of many acceptable variations within one culture at the same time poses an almost impossible strain on its inhabitants. It allows them choices beyond those for which they are emotionally prepared, and at the same time offers no standards of conformity as a source of security.

Almost every possible cultural variation in sexual behavior has been described in our own culture by Kinsey, and the experimental biologists use this as evidence that man is basically an "animal." They use this evidence to encourage a greater permissiveness toward socially unacceptable practices in our own society by bringing forth evidence that "perversions" are acceptable in other cultures and other species of animals. This type of reasoning, which is rapidly becoming fashionable, further destroys conformity of sexual patterns as a means of finding security. The

anthropologists and the biologists do not suggest that we adopt the religion, family organization or economic practices of the many societies which they describe. Yet they seem to indicate that any variation of sexual practice, taken out of context, is "normal" for our society.

Another reason for the difficulty of determining the ideal sexual state is the factor of childhood sexuality. The child, in the course of his development, learns many attitudes which may be completely inappropriate for his later life. These have a tendency to persist. While there is a considerable amount of variation in childhood environment, certain conditionings stand out so markedly as to be almost universal.

Foremost among these is the common sense of shame and disapproval. The child is trained to feel ashamed of his sexual impulses. This results from early parental disapproval. How, then, can we determine what degree of modesty is normal in later life? Usually, the complete absence of discretion is regarded as effrontery; a person who copulates in public is considered psychopathic. Other cultures, on the other hand, attach shame to impulses apart from the sexual one. A Marquesan adult feels quite ashamed of eating in full view, yet has no such inhibitions about cohabitation. While Chinese peasant women are very uneasy about displaying their feminine charms in public, in this country female pulchritude is advertised through every cultural medium. As we consider all the strains and stress of sexual symbolisms, the norm blurs and becomes increasingly indefinable.

A second attitude which is frequently instilled in childhood is that "sex is hurtful." Up to the present time, the average little boy has been taught to believe that sexual activity will lead to bodily harm. This early conditioning sometimes manifests itself as a fear of "castration," a deep-seated horror of having his genitals removed by his dominating parents if there is a continuance of such feelings. The host of hypochondriacal fears used to inhibit masturbation is practically universal for our male population.

Subsequently, whenever there is any diminution of physical well-being in later life, the initial impulse may be to cut down sexual activity for fear that it is causing or adding to the physical difficulty.

In women, the fears surrounding sexual activity have been even more accentuated in childhood. The physical fears surrounding menstruation, loss of virginity, pregnancy, childbirth, rape and the like, all have sufficient basis in reality to form a good nucleus for subsequent neurotic attitudes. The little girl not only fears physical injury from sexual intercourse, but has been led to believe that her attractiveness to men and her marriageability will be impaired.

These "hurtful" aspects of sexuality have a tendency to persist and play a significant role in adult attitudes. Especially for women, whose current sexual role is so variable, it is difficult to determine normalcy. Is an unmarried female who limits sexual activities because of a fear of pregnancy neurotic? Is a soldier who fears venereal diseases and so limits his activities to masturbation to be considered neurotic? Reality underscores the validity of their qualms.

A third conditioning of childhood is related to the aggressive, competitive and submissive components of the sexual urge. In due time, sexual activity may become for the child a defiant act against the discipline of his parents. The penis, in this case, is symbolized as a hostile, hurtful weapon, and appears in dreams as a gun, club, a snake, and other translatable objects. Yet aggression and competition are obviously part of the sexual pattern, since many a woman complains vigorously about her husband's passivity. But how much aggression is normal?

Submission in sexual activity is an outgrowth of the feeling that sex is permissible only after the parents give approval. It plays a more prominent role with women, but many men are incapable of performance unless their partners are completely permissive and approving. Many women tend to enjoy their activities only in a completely non-cooperative and passive role. How much of such passivity is normal? Must passivity always be part of the female position, and aggression always part of the male role?

Should sexual activity with multiple partners ever be a source of ego enhancement? There is little doubt that to the average

member of our culture, his conquests in the romantic chase are an important aspect of his self-esteem. This attitude may limit his sexual pleasure in a long-range relationship. If he wins the woman primarily for the purpose of conquest, then it follows that he must inevitably lose interest once the battle has been won, and the desire for a new conquest is renewed.

Should a woman who has a good husband still be interested in her capacity to attract other men? How much flirtatiousness is permissible in the framework of a healthy sexual adjustment? Does competition ever disappear completely? How much is normal?

A fourth factor is the relationship of the sexual urge to the members of the family. The primary sexual attachments of the developing child are to members of his own family. This is fostered by inhibiting any outside sexual activity with other children. Many of the original attractions and their subsequent incestuous guilts are determining factors, and childhood sexual factors play an important role in future attachments on an adult level. How much of this is normal? If a woman says that her husband reminds her of her father, is that good or bad? If a man automatically seeks out only women who are the complete opposites of the female members of his original family unit, how are we to interpret this selection?

A fifth factor is related to the childhood conditioning of deriving "sexual" pleasures from sources other than the genitals. Theoretically, adult sexual pleasure is derived almost exclusively from contact between genitals of members of the opposite sexes. Since this channel of gratification is not available to the average child or adolescent in our culture, sexual meaning may be diverted to its other activities. Thus eating, urination, defecation, muscular movements, looking, reading, stroking of skin, breasts, buttocks, etc., may all be "eroticized" activities. These early conditionings of the sexual impulse often continue, in one form or another, into adult life.

Each culture and each individual uses extraneous impulses to heighten gratification, and the individual variations are manifold. None of these is biologically determined, but is a residue

of developmental conditioning. Some men cannot become sexually interested in a female unless she can discuss politics in bed. Another may experience heightened erotic sensations with a thick-lipped woman, or with one who has small feet. Are these normal childhood associations?

All of these variations may be considered normal as long as the final act culminates in effective sexual intercourse. However, the enormous variations in preliminary play (based on divergent childhood conditionings) pose a serious question in many a marriage. Conflicts in such attitudes often cause serious problems in compatibility. For example, the man may reach the peak of excitement only after fondling the female's buttocks, which may be abhorrent to the female, or vice versa. Differing feelings toward mouth-genital contact may cause emotional problems in many long-range relationships.

A sixth factor is the frequent encouragement of homosexual attitudes by childhood experience. The developing child or adolescent is frequently discouraged from any intimate interest in members of the opposite sex because the parents fear that this will encourage sexual activities. This child, however, is permitted closer contact with members of its own sex. Since the normal channels of sexual expression are effectively restricted, the residual sexual feelings will frequently be attached to members of the same sex. While this may or may not reach the stage of overt sexuality, manifestations of such interest will almost invariably be found in dreams, social activities, athletics, etc.

These impulses tend to continue into adult life, and in the analysis of any patient with sexual difficulties, remnants of unconscious homosexuality will almost invariably be found. Since no individual can ever liberate himself entirely from his early conditioning, it becomes necessary to determine how important these unconscious traces of homosexuality are. If such homosexuality doesn't interfere with heterosexual activity, but operates somewhat (on an unconscious level) in friendships, business associations and other "sublimations" — is it important?

It is obvious that the childhood factors, as well as the confused sociological factors, add to the complexity of our task of

defining "healthy sexual adjustment." *In fact, the child is trained in every aspect of sexuality except its most essential one — that of deriving pleasure.* On the other hand, any attempt to raise a child without any inhibitions in our present environment is inevitably doomed to failure. He will run into even greater difficulties as a result of his social ostracism by other children and adults.

Without the development of consistent sexual attitudes developed in childhood to prepare him effectively for the future, anxieties will inevitably develop in adult sexuality. One cannot have a wide variation of sexual inhibitions in children, none of which is appropriate for the future adult activity, without having a Tower of Babel, an absence of norm. Of course, the situation is further complicated by a lack of consistency in adult sexual behavior.

The sexually well-adjusted person under present conditions is, therefore, a myth. The best we can hope for is the most effective compromise for each specific individual, and a revision of our concept of "sexual adjustment."

Here is an example of how confused a patient can become in the struggle for "sexual adjustment." A woman of thirty-eight years insists that she has very neurotic sexual attitudes. She has been married for fifteen years and has fallen into the habit of having an orgasm only as a result of clitoral manipulation by her husband, either before or after the sexual act. When asked if this has been satisfactory, her answer was in the affirmative. However, she has recently learned from her friends, and some popular psychiatric literature, that this is neurotic, and it now becomes imperative that she achieve a vaginal orgasm. Actually this woman's new-found desire for vaginal orgasm is perfectly understandable. Yet this woman, who up to now had been reasonably happy with her sexual adjustment, was made to feel, only by outside sources, that her method signified inadequacy. Moreover, there is a reasonable probability that such a patient attempting a change will not only encounter considerable difficulty, but may also be thrown into panic during the readjustment. She and her husband had reached a sexual compromise which had been satisfactory to both of them. Yet, by the best standards of psychoanalytic literature, anyone would be convinced that their sexuality

was found wanting. Is there any point in disturbing their present arrangement? I wonder. At this rate, one could easily say that the whole population is neurotic.

There is no need to accept so nihilistic a concept. It is not right to label as "neurotic" those who have worked out some kind of reasonable sexual adjustment, who are socially productive in terms of work and family, and who are not easily swept into the eddies of anxiety, unless we are quite prepared to offer something better. Largely, the problem is not how we look at them — but rather how they see themselves. If their adaptation does not bring them into conflict with society, is not in essential contradiction to their early conditioning, and if they have found partners with whom to function, they are doing very well for the present.

Most people would agree that the most effective sexual adaptation is within the framework of a happy, well-functioning marital union. But a trained observer, if so disposed, can always dissect away such a relationship and find neurotic elements within it. He can find them either in terms of dependency, unconscious hostility, conscious or unconscious extramarital strivings, inadequate romantic behavior, rejections, overprotection of children, etc.

Let us here state that any sexual adaptation in our culture is essentially a compromise in one area or another, and we should not work toward an undetermined ideal until we can be sure what our ideal is.

Unfortunately, most people in our culture are incapable of ever reaching a compromise. They are either too dependent, or look outside themselves for the answers (just as they originally looked to their parents), and want to be like everybody else. Yet their environment is inconsistent, and no matter which model they choose, there are many other models just as good which are incompatible with their own compromise.

Of course, Kinsey's recent work has, if anything, further broadened the average man's conception of normality, and in many ways further confuses the issue by giving a statistical validity for almost any variation of sexual behavior. The average man who reads this best-seller will find almost any variant attitude treated with an acceptance which may only add to his confusion. *This increasing variety of choice can have a double-barreled effect*

— it may relieve anxiety, but it may also increase it by denying the validity of socially uniform goals based on conformity to a cultural ideal.

Utilizing the *libido theory*, we are unable to define sexual normalcy in simple terms. Others also find themselves in the same predicament. Thus, in Fenichel's otherwise extensive *Psychoanalytic Theory of the Neurosis*, the discussion of the "genital personality" takes up only one-half page of vaguely defined concepts.

We are also faced with the additional dilemma of the etiologic relationships between the sexual problem and the neurotic symptom. Which came first, or do they both spring from the same source?

In animal experiments, it has been possible to demonstrate that profound sexual difficulties, including premature ejaculation, can be produced by disrupting the feeding relationships of dogs (see case of "Nick," described by Horsley Gantt). On the other hand, in the human being, there is little doubt that primary sexual difficulties can spread to interfere with many other adaptive functions. It is not always clear, however, which is cause and which is effect. The earlier psychoanalytic formulations placed sexuality in the direct causal role, and the introduction of the study of human behavior always began with a description of the *Oedipus complex* and its consequences. On the other hand, the more recent theoretical attempts have almost completely discarded this sexual base line, and tend to regard sexual problems as a mere by-product of disturbance in human relationships — with the assumption that no direct attack on the sexual problems is necessary for therapeutic results.

It is our intention to explore the sexual problem in the same fashion that we have evaluated the general problem of the neurosis: that is, in terms of the basic defenses against anxiety. Perhaps we can come to a clearer definition of the problem. Sexual adaptation is intimately tied up with all three methods of defense against anxiety. Sexual activity is an important mechanism of "getting away from it all." An effective erotic experience can wash away tensions due to many causes. The exhausted feeling which follows a fulfilling sexual experience may have an almost anesthetic quality in temporarily allaying other anxieties.

Physiologically, the sexually excited organism has little ability to worry about anything but the fulfillment of its own desires. An inhibited individual lacks this healthy channel for the release of tension and avoidance of other psychological problems.

As a mechanism which fosters dependency, the sexual drives are especially significant. In no other activity, does a meaningful partner become more necessary. Especially in a long-range relationship, like marriage, the dependency factor is of crucial importance.

Self-sufficiency and aggression also play a leading role in sexual performance. This is especially important in attaining community status and in sexual competition with rivals. In addition to these rather obvious types of courtship aggression, there is the element of self-sufficiency within the act itself—the element of self-gratification implied in having an orgasm for one's own pleasure.

Let us, therefore, examine sexuality in terms of the defenses against anxiety. Before we can do so, however, we should first evaluate the development of childhood sexuality and the social factors in operation at the present time.

Chapter IX

CHILDHOOD SEXUALITY (MALE)

THE most outstanding feature of childhood sexual development in our culture is the fact that in childhood it is usually effectively blocked. There is interference in play with the genitals, masturbatory activities, and sexual activities with members of the opposite sex. Many cultures do not interfere with these childhood activities to the same extent that the Hebrew-Christian culture does. In contrast to other cultural groups of the time, the early Hebrews, at one point or another, began to interfere with this source of pleasurable activity. This was probably done for reasons other than health, since there is no evidence of physical injury to the developing child who is allowed to play with its genitals from early infancy.

Many of the South Seas cultures encourage masturbatory activity from early infancy without any apparent untoward effects to the developing child (Mead, Roheim, Malinowski). In fact, these people are well aware of the soothing effect of stroking the child's genitals. They use this method of quieting the irritated infant, much as the mothers in our own culture utilize pacifiers and extra bottle feeding.

The recognition that the sexual regions are capable of pleasurable sensation long before they are prepared for reproductive functions is a recent finding in Western culture. It was through the ingenuity of Freud that the nature of childhood sexuality was rediscovered and described.

Why was childhood sexuality suppressed by our forefathers thousands of years ago? We obviously cannot give the answers now, but let us attempt a few conjectures.

Childhood sexuality may have been suppressed because of the sexual jealousy of the dominant male, who wished to keep all the desirable females for himself. According to this concept, the

strong father suppressed the sexuality of his children in order to remain the strong man himself. The male children, therefore, resented him, developed hostile desires with subsequent feelings of guilt, and secondary sexual inhibitions revolving about their death wishes (*Totem and Taboo*).

This theory fails to explain why female sexuality was suppressed as well. It also does not make clear how it happened that the strong fathers in this culture failed to exploit their advantage, instead setting up strict monogamous units in which incest was taboo for themselves as well. Finally, it fails to explain why other cultures were capable of inhibiting incestuous inbreeding without limiting the sexual activities of children. (The Chinese allow male children free masturbatory activity. It is neither encouraged nor discouraged.)

On the other hand, sexual activity of children may have been limited as a means of controlling overpopulation in subsistence areas which could not support larger numbers. According to this concept, this activity was inhibited and allowed only under special adult conditions in order to promote the survival value of the group. It was probably understood that young adolescents would be least capable of rearing effective members of the community.

This last hypothesis makes considerable sense when we recognize that most primitive cultures are concerned with overpopulation. Some of the primitive cultures which allow childhood sexual freedom arrived at various methods of limiting the sizes of the tribes. Many of them (Toda, Marquesan, Eskimo) practice female infanticide in order to limit the number of adult females, and thus limit the population increase despite the relative sexual freedom (Kardiner, Linton).

Again, childhood sexuality may have been suppressed for economic reasons and for reasons of domination. A family struggling for survival may need its developing children to help in the fields, hunting, tending flocks, etc. If one allows children free development, they soon attain self-sufficiency and leave the family unit to set up their own establishments. The early Hebrews may have found it necessary to maintain their family units longer in order to attain economic cohesiveness. This could be partially

accomplished by limiting sexuality in children in order to keep them under domination.

There is also the possibility that childhood sexuality may have been suppressed so that more stable marital unions could be formed. Allowing the child sexual freedom would probably lead to similar desires for freedom in adult life. This would leave the family unit much less stable, and would confuse parentage, leaving the child-bearing woman in an insecure position. The monogamous family unit may be considered an outgrowth of early sexual inhibitions. The strong family has proven to be the most stable social unit, and the strongest, most dominant and enduring cultures (Hebrew-Christian, Chinese) have been built around it.

In times of stress, it may become necessary to establish sexual inhibition and monogamy. The Russians found it necessary to do so before and during World War II. The closely knit family unit is a powerful security factor, economically as well as emotionally, and perhaps this is the reason for inhibition of childhood sexuality. Sexual freedom, for children as well as adults, becomes a luxury in a society struggling for survival. The sexual chase, if uninhibited, may take on the aspects of a full-time job. Any individual or society which is faced with starvation, war, drought, etc., may feel the need to channelize its activities into more utilitarian directions.

In the Old Testament, the sin of Onan was spilling his seed on the ground. In an agricultural society, struggling for survival, Onanism (masturbation or ejaculation with withdrawal) may have been considered a waste of seed, symbolically as well as realistically. Recent reports on the sexual life of displaced persons — persecuted minorities of the recent war — indicate profound sexual inhibitions in children as well as adults, despite the lack of physical or moral restrictions (Friedman). Obviously, the sexual impulse is more readily inhibited when survival is threatened.

Another interesting background factor in the problem of sexual inhibition in childhood is the part it seems to have played in the development of the religious morality of early Hebrews and Christians. The Hebrews and Christians set themselves apart from their pagan neighbors by a program of sexual inhibition. As part of their patriarchal family set-up, and the resultant elabor-

ation of a single diety, they began to set up various devices of atonement and self-denial. The concept of these patterns was very likely connected intimately with the development of *conscience formation*, which is an outgrowth of increased dependency. This internal psychological regulation undoubtedly played a crucial role in acculturation and development of responsibility toward fellow human beings. The inhibition of the sexual impulse acted as an instrument of denial which found secondary elaboration in religious idealization, falling in love, and other forms of dependency constellations. The suppression of sexuality in childhood was also a useful instrument in building up tolerance to future frustrations, and the capacity for the deferment of all impulse gratifications. This important aspect of the civilizing process seems typical of those cultures which suppress sexuality. The individual who can defer fulfillment of his sexual drives is well equipped to withstand any other type of frustration.

While we are unprepared to answer the question of the exact relationship between sexual inhibition in childhood and the development of Hebrew-Christian ethical concepts, *what we are concerned with is what part sexual inhibition, idealization of parental figures, and secondary attitudes of responsibility play in fostering the cohesiveness and survival value of a culture.*

Freud has expressed himself on this subject as follows:

"Our civilization is, generally speaking, founded on the suppression of instincts. Each individual has contributed some renunciation — of his sense of dominating power, of the aggressive and vindictive tendencies of his personality. From these sources the common stock of the material and ideal wealth of civilization has been accumulated. Over and above the struggle for existence, it is chiefly family feeling, with its erotic roots, which has induced the individuals to make this renunciation. This renunciation has been a progressive one in the evolution of civilization; the single steps in it were sanctioned by religion. The modicum of instinctual satisfaction from which each one had abstained was offered to the divinity as a sacrifice; and the communal benefit thus won was declared 'holy.' The man who in consequence of his unyielding nature cannot comply with the required suppression of his instincts, becomes a criminal, an outlaw, unless his social position

or striking abilities enable him to hold his own as a great man, a 'hero.' "

Given the cultural conditions we find ourselves in, those who advocate complete sexual freedom in childhood as the solution for all emotional problems are dealing with undetermined values. The inhibition of sexual activity profoundly colors the psychic organization, but it is irresponsible to ascribe all of the ills of our culture to such a simple formula. It seems safe to make such a suggestion because at present it is obviously impossible to achieve wide-scale sexual liberation in our culture. When complete freedom is permitted for the child and then fails to produce the desired kind of adult, the proponent can always state that the conditions were inadequate, which is true. Before we prepare for such experiments, we should decide on whether we are prepared to live the lives of the Marquesans or Trobrianders, or whether it is possible to effect these basic personality changes even if we should want to.

The oft-quoted remark of Freud on this problem seems appropriate:

"Here again we clearly see the unwisdom of putting new wine into old bottles, and perceive the impossibility of carrying through a reform in one particular without altering the foundations of the whole system."

We can go on spinning many theories about why childhood sexuality was inhibited thousands of years ago. Many suggest themselves, but all remain in the realm of speculation, and can neither be proved nor disproved. Let us now get on with the more important question of how sexual inhibition is effected, and what psychological results it produces. These we can see in the life cycles of our patients, and apply its understanding for therapeutic purposes.

How are the sexual impulses of children inhibited? The answer is: primarily by parental disapproval. This can be completely devastating to the child, who is completely at the mercy of his parents. Such disapproval need not be violently expressed to be observed by the helpless child. When he notices that all of his activities meet with approval except at the time that he begins to

reach for his genitals, the point is made. This disapproval of sexual activity subsequently becomes incorporated into the unconscious conscience (*superego*) of the youngster. The knowledge becomes unconscious as soon as he develops the feeling that his parents can read his mind (see Chapter IV on dependency).

The flight into unconsciousness of the sexual feelings may permeate all of his future adult sexual behavior. Very quickly, he begins to fear that he is liable to damage if he persists in sexual interests. He fears that this damage may come either from his own manipulation, or from external threats of injury to his penis. Such threats need not be direct to accomplish their purpose. Hartmann and Kris have described the problem of the child in the following terms:

"While in many cases the child in our civilization is no longer being threatened with castration, the intensity of the veiled aggression of the adult against the child may still produce the same effect. One might say that there always is castration in the air. Adults who restrict the little boy act according to patterns rooted in their own upbringing. However symbolic or distant from actual castration their threats might be, they are likely to be interpreted by the little boy in terms of his own experiences. The tumescent penis with which he responds in erotic excitement, that strange phenomenon of a change in a part of his body that proves to be largely independent of his control, leads him to react not to the manifest content but rather to the latent meaning of the restriction with which his strivings for mother, sister, or girl-playmate meet. And then, what he may have seen frequently before, the genitals of the little girl, acquire a new meaning as evidence and corroboration of that fear. However, the intensity of fear is not only linked to his present experience, but also to similar experiences in his past. The dreaded retaliation of the environment revives memories of similar anxieties when desires for other gratifications were predominant and when the supreme fear was not that of being castrated but that of not being loved."

The system of sexual prohibition is reinforced by various threats, taboos and religious injunctions — all of which emphasize disapproval and potential punishment for the transgressors. It may also be reinforced by a system of hypochondriacal prohibitions, in which the "castration" fears of the boy are reinforced

with the fear of hurting or losing his genitals. In the girls, the hurtful and humiliating aspects of their sexuality lead them to believe that affection will be withdrawn from them, or they will be incapable of bearing children if they persist in genital play.

Both sexes may see rejection, withdrawal of affectionate support, punishment, poor health, or ostracism, as the price for the expression of their sexual feelings. *It is little wonder that such a fool-proof system has been effective for so many thousands of years!*

The sexual inhibitions of the developing child begin very early in its existence. In the early period, while the child can enjoy manipulation of his genitals, he has more important things to worry about. The whole problem of being fed, staying alive, and his relationship with his mother assume immediate importance. This *oral-incorporative stage of libidinal development* is the period when all gratifications, sexual or otherwise, come from without. It is the stage when the child learns to relate to other human beings, to react emotionally to its dependency on others. This period of the child's existence may be gratifying and without tension (*oral dependency gratified*) or may be filled with frustration and conflict between mother and child (*reactive oral sadism*).

During this period, attitudes toward dependency become incorporated into the child's unconscious. If the child's basic needs are fulfilled with a minimum of tension and conflict, the child's future, in terms of healthy dependencies, is off to a good start. In any event, there is nothing that he can do to modify his environment at this early period; he is completely at the mercy of his parental figures, and pleasure is essentially derived from meaningful emotional contact with the mother.

If all goes well, the child slowly begins to develop increasing capacities for independent activity. Sexual pleasure, however, still remains relatively in the background while the child strives to master control of bowel and bladder, learns to walk, talk and feed himself (*anal and early phallic phase of libido development*). The child begins to become less dependent on his environment, and starts to enjoy some of his pleasures by himself. If the environment is not too restrictive, he can begin to assert himself. He can refuse to move his bowels on time, rebel in his eating habits, and begin to talk back to his parents. At this stage of his

development, the child can start to become a little independent of his fellow human beings, for he is no longer quite as helpless as before. At such a time, the parents may either foster the child's developing capacities or restrict them. They may encourage his dependent needs, or begin to discourage any further reaching out for help.

During these early phases of the child's environment, all pleasurable activity may or may not take on sexual meaning, depending on whether genital pleasure is being experienced. Eating, defecation, urination, etc., may all become "eroticized." These transformations have been described by Freud, in the *libido theory*, as the normal course of events in the development of the genital sexual impulse. These struggles to fulfill sexual feelings with the limited equipment of the helpless child are probably the result, or by-product, of inhibition of genital *sexual* pleasure. The child has to use whatever equipment he has to gain gratification, sexual or otherwise. Only relatively late in his development (four-five years), after he has mastered and gained pleasure from his other functions (eating, urination, defecation, etc.), can he begin to think in genital terms. *In any event, the more the genital strivings are suppressed, the greater will potential sexual meaning be attached to his other functionings at a later date.* The conflict surrounding the sexual desires will then be transferred to other activities such as speech, intellectuality, creativity, athletics, learning and normal affectionate strivings. All these may be filled with conflict. In later life, almost any activity which originally had sexual meaning, may become disturbed when the patient has a resurgence of suppressed feelings.

Between the ages of four-five years, the child is really prepared to face his own sexual impulses (*genital period*). He has mastered his other bodily functions and can begin to maneuver in his social activities. His sexual impulses usually become directed toward the females closest to him, his mother and perhaps older sisters — particularly if contact with outside females of his own age has been restricted.

As the child begins to direct his sexual feelings toward the women about him, the battle of repression really begins in earnest. This battle between the parents and children occurs in every culture in some form or other, and is known as the *Oedipus conflict*. In Hebrew-Christian culture, the child almost invariably

loses the fight for his sexuality, and goes into a latent period which usually persists until puberty. In many primitive cultures (Kardiner and Malinowski), the sexual repressions are less forceful and the latent period is not observed. This has been increasingly noted, in recent years, in our own relatively more permissive culture.

Some conflict must always arise, however, since there is no known culture which did not and does not prohibit mother-son incest, although some allowed brother-sister incest (Peru, Hawaii, Egypt). The myths, religion and folklore of every society contain remnants of this struggle in the form of patricide, matricide, incest and castration-fears in one symbolic form or another.

Freud considered the outcome of this conflict the crucial one in the development of the adult neurosis, although he had no awareness, at the time he first formulated it, that the *Oedipus complex*, as he originally saw it, reflected only some of the special features of Western culture. Later anthropological studies revealed absences of latent periods, the matriarchal set-up, and the encouragement of masturbatory activities in other cultures. Freud considered the Western pattern of the *Oedipus complex* to be universal in all cultures. While this led to certain rigidities, the basic idea remains sound. The outcome of the sexual conflict at this period carries with it all the elements of earlier and later development, and sets the pattern for much of the future behavior of the individual.

The attitudes of the parents, the nature of rivalries with other siblings, the degree of permissiveness, the extent of hostilities, attitudes toward dependency and self-sufficiency, repressions into unconsciousness — all these play a role in the *Oedipus complex*. This does not necessarily mean that all neuroses are of sexual origin, but it may mean that other forces become crystallized around this early sexual conflict, and secondarily attached to it.

It is important to recognize that many things have happened to the developing child before he ever reaches the oedipal period; in fact, the child may emotionally never reach the oedipal period of sexual development. He may be sexually crushed in earliest infancy by grossly inadequate maternal care during his oral phase. The repressions may be devastating, the maternal care indifferent, and the basis for future capacity to come into emotional contact

with other human beings destroyed. Such individuals, frequently schizoid, can go through life without any reawakening of true sexual feelings. They never reach a phase of sexual interest in the parent of the opposite sex — either because no parent is available or because the available parent does not make emotional contact with the child (Spitz). When such an individual reaches adolescence, sexual attempts may be followed by complete internal disorganization and a return to the most primitive methods of adaptation and thinking (schizophrenia). Such individuals may attempt to compromise with reality by living sexless existences in which they run away from any possible stimulus. *They remain in constant sexual flight all their lives, and are unable, therefore, to effect adequate human relationships.* They frequently give up completely, and attempt to transform their primitive, unfulfilled childhood phantasies into "reality."

The ability to come into meaningful emotional contact with other human beings is a highly "negotiable" experience. Once accomplished in childhood, it becomes that much easier to repeat in adult life. Accomplished in adult life, one healthy relationship is capable of being transferred to others; it tends to repeat itself. The human being who cannot form such intimate contacts is usually detached all around, and frequently has never had such an experience with his parents in childhood. He has never fulfilled or found a happy ending for his childhood romance with his elders.

According to the *libido theory*, a regression to the *oral sadistic* phase is typical of the *manic-depressive psychoses* and the *addictions*. These are the individuals who rise above the *oral* phase, but sink back when life situations become difficult. They never attain adequate long-range sexual relations because of the basic hurtful and depriving nature of their original parental contact (*oral sadism*).

There are other individuals who never develop beyond the *anal level of libidinal development* because of the harsh suppression of any affectionate or assertive emotionality. Such a child may receive excellent preliminary care of a mechanical nature from dutiful parents who are excessively strict in their suppres-

sion of any assertiveness during the *anal phase* of development. These individuals may remain in constant internal rebellion against any dependency on parental figures, even though they appear outwardly submissive, precise, clean and obedient. While they may have considerable capacity to function sexually or otherwise, they never develop the capacity for close, warm, human relationships (*compulsive-obsessive, paranoia*).

Such individuals have frequently found their only assertiveness or emotional expression through defiance in bowel functioning. They may gain pleasure only by themselves (masturbation) or in sadistic perversions in which they must humiliate their partner (therefore denying dependency). These are the end products of excessive detachment (self-sufficiency) born out of painful and humiliating early dependencies. The highest incidence of homosexuality and other perversions is found among those patients who never successfully progressed beyond *pregenital* and *pre-oedipal* phases of childhood sexual development.

In general, it may be stated that the developing child has gone a long way in our culture if he reaches the stage of *Oedipus conflict*. If by the age of six, he is still struggling for sexual expression he has a fighting chance of attaining adult sexuality and has probably escaped a major psychosis.

Based upon a multiplicity of factors, there are many possible eventualities from the oedipal situation. The child's future sexual development rests on his ability to overcome the disturbance of this period of his life which, in turn, is conditioned by many forces.

The timing of the sexual inhibitions (whether it begins at six *months* or six *years*) is an important factor and determines to a large extent whether the oedipal battle is fought on a conscious or unconscious level. The earlier parental prohibitions begin, the greater the suppression into unconsciousness of sexual impulses. It will also increase the probability of these inhibitions taking on the character of an automatic conditioned reflex. There is an important difference between the child who is aware of his sexual feelings and consciously suppresses them, and the one who isn't. The former probably has a better chance of emerging sexually into adolescence. A child who is automatically inhibited from earliest

infancy has a more difficult task on his hands when his sexuality begins to emerge in adolescence. He is more prone to develop an asexual latent period which lasts from early infancy until adolescence, and his early sexual experiences may be automatically inhibited. He becomes conditioned to sexual failure, an experience which tends to become self-perpetuating.

Such individuals may find their sexual lives almost exclusively restricted to their unconscious. While sleeping, they may have many sexual dreams, continuous erections, frequent nocturnal emissions and orgasms. However, as soon as they wake up or attempt sexual activity on a conscious level, they become inhibited again. Even masturbatory activity on a conscious level may be impossible. In a sense, they have to catch themselves unawares in order to experience any sexual feeling. *The stronger the need to keep sexual feelings out of conscious awareness, the greater is the tendency "not to know" other things as well.* Such a child may develop a limited curiosity and inability to learn, for fear of being exposed to sexual stimuli. This attitude may spread to so many activities that he may become a more and more restricted personality, increasingly unaware of his environment. If his initial sexual contact came through visual stimuli, ocular manifestations may play an important role in his future neurosis; if it came through hearing, auditory disturbances may be prominent.

On the other hand, such an individual may attempt to compensate by knowing everything, developing an enormous curiosity, reading omnivorously, and never failing to hear anything — always, however, when the subject matter is obviously not sexual in nature.

Another factor in the outcome of the oedipal conflict is the degree to which hostility (aggression or self-assertiveness) is inhibited at the same time. If even a limited amount of personal expression is allowed, the child may become a functioning, aggressive human being during the latent period, capable of effective sublimation and educability during that time. This reservoir of healthy emotionality and effectuality can be tapped in adolescence. The combination of residual assertiveness and the glandular development of puberty may make the child capable of breaking through his earlier sexual inhibitions in time to function in later life.

The suppression of both sexuality and hostility in childhood leads to general suppression of healthy emotionality. *One cannot check the two strongest emotional reactions without dulling the over-all emotional expression.*

In order to force a child to give up his sexual drives completely, the parents may at the same time destroy his capacity for hostile and assertive expression. An assertive child would not accept such complete restraint of his normal feelings without rebellion. The combination of restriction of both sexual and assertive feelings cannot help but effectively destroy the general emotional outflow and disturb all effective human relationships. The suppression of emotionality may reach such a point that any display of feeling is considered indiscreet, immoral or even abnormal. Different national groups show varying attitudes toward emotional display (contrast the English with the Italian). In severe cases, emotionality may become a personal threat and lead to phobic withdrawal from any situation which might precipitate sexual or hostile feelings.

The individual is apt to become anxiety-ridden every time he has any feelings over which he does not have complete conscious intellectual control. He may interpret any healthy emotionality as weak, effeminate or socially unacceptable. He will live in terror of fainting, anesthesia, accidents, insanity and other situations which might leave him vulnerable. He may be afraid to go under an anesthetic for fear that he will talk about sexual matters and the surgeon (father symbol) will then punish him by castration. He may be afraid to look at animals because they remind him of his own uncontrolled, sexual or hostile feelings. Since the animal has none of his inhibitions, he lives in terror of observing any such freedom in his environment for fear that it is "catching."

Such individuals frequently become overrationalized and feel the need to be in constant control of their emotions. In adult life, they may have positive fears of experiencing an orgasm, since this represents loss of intellectual control, the height of abandon to emotionality. The man may find that his orgasm is constantly delayed (*delayed ejaculation*), or the woman may suddenly become inhibited a few seconds before the peak of orgasm is reached. They may be more capable of achieving orgasm in the absence of other human beings and therefore limit their orgasmic experiences to masturbation.

A third factor in the outcome of the oedipal conflict is the degree of competition from brothers and sisters for parental love and affection. This determines the degree of rivalry which the future child is capable of sustaining in his sexual advances. The groundwork for many future interpersonal relationships becomes crystallized in the oedipal situation. An only child, the oldest, or the youngest child may be in a favored position for receiving parental affection. A middle child or a child in a very large family may be in a less fortunate position for receiving parental love. These early conditionings set the pattern in such a fashion that, whereas one individual needs full and exclusive acceptance to function sexually, his brother may find his appetite whetted only by competition with a multitude of rivals. To such a man, a woman may not be desirable unless she is being sought after by others (symbolic father or brothers). The older siblings also offer opportunities for substitute mother and father symbolic extensions.

A fourth factor in the outcome of the oedipal period is the method by which the parents inhibit the child. If this is done in a harsh and brutal fashion, with castration threats, the child may never fully recover the original pleasure aspect of his sexual organs. The female child may identify hurt and humiliation with sexual desire, and therefore may never be capable of a gratifying relationship. The male child may grow up constantly concerned about the size and effectiveness of his genitals. He may indulge in constant masturbation or promiscuous impersonal heterosexual activity to reassure himself that his genitals are still there and potentially functioning.

If the sexual impulse is too harshly suppressed, the child inevitably develops greater fears of genital injury (*castration threats*). Such fears may be internalized, or they may continue to be feared from external sources. In adolescence, these fears are attached in a hypochondriacal form to the act of masturbation. This is usually extended to a fear of venereal disease (in the form of dirt or bacterial infection) as a potential source of punishment for sexual activity. Later in adolescence, the same fears may be crystallized in a dread of pregnancy and illegitimacy as punish-

ment for the act. Such fears may eventually be extended to the point where diffuse hypochondriasis results, associated with constant terror of death each time any *erotic* impulse arises. Thus, the fear of genital injury pervades all bodily functions, while fears of injury, insanity and death flood the mind of the patient.

The close association between sexuality and hostility may reach such a point in the unconscious, that they cannot be experienced as separate emotions. Sexual pleasure may become possible only in an atmosphere of "hurt," reaching its fulfillment in a *sadomasochistic* pattern of behavior. These violent aspects of sexuality may be fortified by a childhood witnessing of parental intercourse (*primal scene*). To the already sexually frightened child, this scene may represent the culmination of parental conflict, frequently interpreted as the father beating the mother. It is doubtful that such an interpretation would be made by a child unless he were already frightened. Many primitive people sleep in close contiguity with their young without any apparent untoward psychological effects on the future sexual development of the children.

Profound sexual inhibitions are observed in the group of patients who are harshly inhibited at an early age by threats of violence. The response may be one of complete avoidance — "If I don't use my penis, they won't take it away from me." It may take the form of *sadism*, in which the patient frightens his partner in order to convince himself that he cannot be hurt himself. It may express itself in *exhibitionism*, by which the patient reassures himself that his genitals are intact and sometimes perhaps to frighten others. This *exhibitionism* may also be an unconscious stimulus for *voyeurism* (Peeping Tom) in which case the exposing is done in the hope that the victims will similarly expose themselves.

For many frightened individuals, a sexual experience may not be stimulating unless it is performed in a secret, forbidden or clandestine atmosphere. Such a man, if married, may find excitement only in complicated extramarital adventures, where there is the constant risk of exposure.

Another factor which is crucial in the resolution of the oedipal period is the degree of guilt which the parents indoctrinate into

the child for his incestuous wishes. Many a parent is capable of accepting sexual longings or advances from the child with reasonable affection and understanding and without humiliating the child, or making him feel like a criminal. A child growing up in such an environment may be capable of later adolescent release of his heterosexual longings without strong guilt reactions or powerful masochistic self-punishment. On the other hand, the more usual parental attitude tends to be conditioned by greater anxiety. It may take the form of strict prohibition of childhood sexual interest in the parents. Or the parent may evidence a seductive attitude toward the child, which only increases his guilt in later life since he finds it difficult to break away from his infantile fixations on the parent.

A fifth factor which may determine the future outcome of the oedipal period, is the amount of sexual misinformation indoctrinated into the child during this period. If the parents attempt to suppress curiosity by distorting the facts, these myths may become unconsciously incorporated into future adult attitudes. Thus, the little girl who was taught that pregnancy was caused by eating something may in later life lose her appetite, vomit, or develop choking sensations when she has sexual feelings. If she was taught that the baby was born through the rectum or by an abdominal operation, she may become constipated or develop recurrent "appendicitis." The little boy who was taught that the vagina is a dirty place where all types of venereal germs are breeding may subsequently lose his erection every time he is ready to enter.

The number of distortions which are used to inhibit the child are unlimited. They frequently become perpetuated by common acceptance, and profoundly color future sexual behavior. Later attempts to dissipate this misinformation may be intellectually acceptable to the patient, but have slight effect on his already well-established emotional reactions.

A sixth factor in the outcome of the oedipal conflict is the degree of consistency of sexual repression. If the parents are in conflict — the mother indulgent and seductive, and the father harsh and authoritarian — the child may be thrown off balance in his

attitudes. He may develop an inconsistent concept of what is right and wrong. Or there may be early excessive indulgence of sexual activity, followed by harsh repression during the oedipal period. These changes in pace throw the child off balance psychologically, and may lead to internal disorganization of *conscience formation*, which we have described in the psychopathic personality.

A seventh factor in the future outcome of the oedipal situation is the extent of residual dependency in later life. When the child, in the normal exploration of his body, discovers his genitals and obtains pleasure from their manipulation, this becomes an important factor in his liberation. It means obtaining major gratification through his own resources. This masturbatory phase, which is probably necessary to the attainment of adult sexuality, may begin as early as the first year of life. At this point, when prohibitions of direct or indirect nature are made, the child has to make a crucial decision. Is he willing to sacrifice part of the dependency on his parents for the independency of gaining some of his gratification in his own way? Since the child has little choice in the matter, he either runs away from his own sexual interest by slowly suppressing it into his unconscious, or is forced to satisfy himself surreptitiously, with fears of potential punishment and danger. This inhibition of sexual function and feeling is an important factor in the perpetuation of dependency.

It seems apparent that the suppression of sexuality was one of the basic mechanisms in a patriarchal society for keeping children dependent, afraid, and at the mercy of the parental figures. At this stage of the child's development, there can be no awareness of why he cannot play with his genitals except the fear of disapproval and the loss of fulfillment of his dependent state.

If the parents remain protective during the oedipal period, the child has not lost everything. The sexual rejection of such a child is not associated with over-all rejection. By suppressing his feelings, he remains in the graces of the dominant figures in his environment. This is a powerful impulse toward the *internalization* of parental discipline (*superego formation*) with all of the moral judgments and self-punitive guilts which go with it. Such attitudes may be perpetuated toward all substitute parental figures

in childhood and adult life. However, if he perpetuates these attitudes in adulthood, he remains in the dependent, sexually inhibited role of the oedipal period forever.

These are the individuals who truly become stuck at the oedipal period with all of the infantile attachments and sexual inhibitions which are associated with it. All of the mental mechanisms of the unconscious are then used to disguise sexual feelings and to limit their expression to pre-oedipal and pregenital patterns. This syndrome becomes most developed in the transference neuroses (*anxiety hysteria, conversion hysteria*), and such an individual may constantly be plagued by incestuous guilt (with fear of loss of dependency) in all future sexual relationships.

These dependency patterns are associated with predominantly passive and helpless orientations in sexual behavior. A woman in this position may be unable to achieve sexual interest unless she finds herself in a repetition of a childhood dependency on a strong masculine figure. The father's penis may be visualized as a source of strength and fulfillment and the sexual act may be visualized as an *incorporative* one, in which the penis is unconsciously represented as a breast—with all of the *oral* manifestations implied in such an orientation—gagging, vomiting, etc. When a man develops such a passive orientation toward a woman, he may visualize his penis in a less penetrating role, almost as a passive sucking instrument. This frequently leads to premature ejaculations and is often associated with unconsciously hostile wishes toward the woman. The latter are expressed in an infantile soiling fashion, in which the penis is symbolically fulfilling a urinary, rather than a sexual, function.

Sexual inhibition, incestuous guilt, fears of castration (in men) and loss of affection (in women) play such a significant role in the perpetuation of dependency that many psychoanalytic authors have given these as the only causative factors in dependency. Thus Ernest Jones states: "Dependence can be defined as a persistent incestuous attachment of the libido." By such a definition it would seem that people cannot need each other except for incestuous or homosexual reasons, an obvious oversimplification which we find misleading.

The most important single factor in the outcome of the oedipal situation is the relative authority and stature of the parents. The

child may see either the mother or the father as the dominant figure, and as the primary source of the repression. The child may identify itself with either one, and future sexual behavior may be determined by this choice. In the classical patriarchal family unit, the father was the outstanding disciplinary force in the home; and he became symbolized as the source of injury if the sexual impulse were allowed to reach the surface. The mother was also seen by the child as under the same domination of the father. For the little boy then, the threat of "castration" was essentially derived from a fear that the father or some similar masculine figure would deprive him of his sexual functioning if he should bring it into awareness.

This, therefore, becomes the classical oedipal situation: the attraction between the mother and male child, with the fear of injury derived from the patriarchal paternal figure. In his subsequent development, the male child may be incapable of adequate sexual functioning until he has to a large extent dissipated (in his own mind) the authoritative image of his father. This, in turn, will allow him to liberate his own feelings toward the female without fear of punishment. Frequently, this liberation comes only through an emulation or identification with the dominant male. Therefore, as soon as he can find a young female who will be completely submissive to him, he will repeat the performance of his father. Under these circumstances, there is no essential threat from the female and sexual liberation is achieved by getting away from the father's influence since he was the original "castrating" figure. As part of this pattern, there is no true dependency on the female figure, and certainly no concern for her sexual gratification. Until recently this was the predominant pattern of Hebrew-Christian culture.

It becomes constantly necessary to keep the female in a sexually inferior position. Under these circumstances, the male resolves his problem by never putting himself in a dependent position, one that will repeat the psychological difficulties of childhood. Compared to the female, toward whom he has little sexual responsibility, the adult man cannot help but see himself as superior. He may then attempt to fulfill his dependent needs by worshipping a God who is an all-powerful extension of his original father symbol.

In the male authoritarian environment of our Western culture, this "maturity," flimsy as it is, is not reached by all men. Some are so crushed by their early prohibitions, that they never go beyond the stage of dependency on the parental figure. They remain in the *oral* level, constantly worshiping the male authoritarian figures (usually in the form of a god) with complete suppression of all sexual and hostile feelings. This is the most self-abnegating pattern, observed in the religious fanatics who devote all their energies to a repetition of the original childhood submission to the authoritative father.

Such passive-dependent attitudes toward another masculine figure may become crystallized in adult life into *overt homosexuality*, in which the *oral* aspect is fulfilled by fellatio. Or the homosexual impulses may remain in the unconscious, and be effectively suppressed by complicated ritualistic behavior. The hostility against the dominant male figure may be effectively clouded by constant self-punitive mechanisms, including atonement, fasting, celibacy, etc. Such oral individuals may unconsciously use the mouth for all sexual expression; and many distortions of eating, chewing, swallowing and speech may become associated with the sexual inhibitions. *Sublimation* is also frequent in this group of dependent individuals, as well as all of the other patterns associated with hysteria.

Others go slightly beyond this *oral dependent phase* and seek a measure of independence, probably as an expression of resentment against the humiliation endured in dependency. They deny any dependency on God, as well as dependency on any other human beings. Independency, self-sufficiency, ruthlessness and detachment from other human beings go hand in hand. They are interested only in the acquisition of external symbols, such as power and money. Any need for other humans is considered a manifestation of weakness, and therefore potentially humiliating. They remain on an *anal* or *urethral* level of development and limit their sexual activities to masturbatory equivalents. If women are included in their activities, they merely serve as convenient receptacles for the seminal ejaculation — pawns of prestige, since if they are attractive, they become desired possessions for other men to envy.

Anal manifestations are prominent among these detached individuals, and preoccupation with bowel functioning, enemas and cleanliness is a prominent aspect of their behavior. All of the hostile mechanisms of the *obsessive*, *paranoid*, *psychopath* and *manic-depressive* pictures come into focus.

Our discussions of dependency and sexuality have been limited to the male child in a male-dominated environment. What happens when the female parent does not play such a submissive role? This pattern is closer to the situation in the average American home at present. Here, the mother plays a more important role, or at least partially shares in the discipline of the developing child.

If the father remains in the background, and the mother takes over the complete authoritative role in sexually inhibiting the developing boy, the original fears of castration come from the dominant female figure. Dependency on a female, therefore, becomes the equivalent of being transformed into a non-sexual being. The child also becomes aware that the denial of the use of his penis is derived from the individual who lacks one. When his own castration fears become manifest, he cannot but assume that he is being punished because he is a male (has a penis), and that the person punishing him has lived through what he himself dreads. The only way to protect himself from this feared consequence is to become even more submissive. As he grows older and learns that the difference in the sexes is biological, his fears are partially allayed, but not completely dissipated. This is accentuated when he is surrounded by females who are actually envious of the male role.

In his future development he must learn to perform sexually with the female symbol who originally inhibited him and threatened his masculinity. His problem becomes much more complex than that of the male who grew up in a patriarchal type of environment. He has to learn to express himself sexually with those who originally played such an important role in inhibiting him. Unlike the boy in the patriarchal set-up, he has no strong father to emulate or to protect him from the "castrating" mother. He has to fight his sexual battles without any male allies, and he frequently fails. In the patriarchal society, the mother may be

an important disciplinary figure, but the boy always knows that the father is even stronger, and that the mother's authority is essentially derived from him.

With the growing liberation of the female, the sexual problems of the developing male become much more complex. There have been many sociological changes since the *Oedipus complex* was first described by Freud in patriarchal Vienna. It is no longer possible to ascribe all fears as deriving from the dominant punishing father.

Let us outline some of the patterns of sexual adjustment under these new conditions.

A given man may surrender his sexuality, withdraw and remain in a non-sexual, oral dependency on females. He may idealize them, and remain submissive to them. If he is religious, his favorite religious figures may be the female saints, Virgin Mary, etc. If not, he may come into a beneficent dependent relationship with an authoritarian female — in the capacity of gardener, chauffeur, and the like. Or he may recurrently fall madly "in love" with older or authoritative females, and be incapable of approaching them sexually because of his incestuous guilt and unconscious fear of castration.

He may attempt to placate his fears of women by joining their team (identifying himself with the aggressor) and inhibiting his sexuality. He may effect feminine manners and dress, enter into their activities, in order to deny his own vulnerable masculinity (*transvestism*). If his sexual impulses break through, he is capable of approaching only those women who are masculine and aggressive.

He may limit his sexual activities to men, excluding the inhibiting and frightening women from his life. The fact that men have penises makes them potentially less hurtful to him. In his homosexual relation, he may assume any one of four roles. First, he may play the passive dependent feminine role to a forceful dominant male, utilizing his mouth or anus as a vaginal substitute. This pattern of submissiveness to a male paternal figure may also be originally based on fear of the harsh, castrating father. The

child may so effectively suppress these fears by a pattern of submissiveness and ingratiation, that in adult life he becomes incapable of assuming any other type of sexual relationship.

He may play an active dependent role toward a motherly male, in whom he finds a "phallic" mother who will take him in hand and fulfill his incestuous longings toward his mother.

He may feel comfortable only when he is in the dominant role himself and his homosexual partners are dependent on him. Any dependency for himself may be too threatening. In that case, he will prefer immature males, preferably boys, while he attempts to play mother himself, thus placing himself in what he considers the invulnerable position of the woman.

The fourth variation is similar to the third except that the male plays a *fatherly* role to immature males, identifying himself with his father who originally appeared so invulnerable.

All of these homosexual patterns have been described as having a "narcissistic" basis, in the sense of falling in love with a replica of one's own image. This distortion of the basic biological drive toward a member of the *opposite* sex invariably is caused by some powerful emotional blockage toward the fulfillment of heterosexual contact. It is almost invariably based on real anxiety about the potential consequences of the penis entering the vagina. The complex patterns of homosexuality merit further discussion which we cannot enter into because it would take us off our present line of review. It would not be inappropriate, however, to point out that we cannot accept the implication of so many popular works, that homosexuality is a free choice or a matter of taste.

Of course, the insecure young male may break through his childhood fears of women, and make a few abortive attempts with more experienced females during his adolescence. Symbolically, such females represent sexually permissive maternal substitutes. If the originally prohibiting mother was too harsh, the man may fail completely in these early attempts and subsequently retreat from adult sexuality to more infantile patterns (masturbatory, homosexual, etc.).

He may subsequently enter into relationships in which his potency will fluctuate, depending on female gratification with

which he is continuously concerned. It becomes important for him to ingratiate himself with her constantly through his prowess. He tends to become inhibited unless he receives complete approval. In other words, the female maternal figure, who originally took away his capacity for sexual functioning, has to constantly reassure him that he is "all right," and that he is "doing fine," before he feels capable of functioning adequately.

This is the type of man who lives in terror that his partner will not have an orgasm with each sexual performance. He has to placate her constantly, and frequently has to give her a clitoral orgasm before he can insert his penis. He falls apart with any rejection from the female, begins to lose his erections or suffer from premature ejaculations, and therefore tends to avoid long-range marital relationships.

In this group are found the most jealous men. Every other man becomes a competitive sibling who can take "mother" away from him. Or he may become jealous because unconsciously he himself wants to break away from his immature relationship, doesn't have the courage to do so, and therefore hopes to justify his impending break by accusing his partner of infidelity. Another significant cause of jealousy in this group is the general lack of sexual confidence within themselves. They remain unconvinced of their prowess, may be tortured by homosexual doubts, and be constantly fearful of being deserted by their partners.

Again, the man may attempt to compensate by approaching only those women on whom he is not dependent. He may find himself completely inhibited toward a woman with whom he is in love, or whom he respects, and yet be perfectly capable of good sexual function with prostitutes, pick-ups, or women toward whom he is contemptuous. He may find it necessary to humiliate his loved ones before he is capable of functioning with them.

When he begins to feel the need for a particular woman, he becomes inhibited, reacting as if she were the original maternal figure. As a perversion, these men are either sadistic toward women, or are comfortable only with an immature girl. They have to feel all powerful, or very much needed, in order to function. As soon as they respect the woman, and therefore feel the need for her, she becomes a sexual threat.

This type of man belongs to the group who suffer from the "savior complex," who can only approach those women who apparently need them desperately. In addition to being attracted toward "fallen women," they may approach especially unattractive females, frightened, inhibited virgins and others of a similar pathetic quality. It is almost as if they must use their penis only for a therapeutic purpose to make it acceptable to the woman.

Another type of man may be capable of sexual relationships with women only where there is no "emotional involvement" or commitment. He may become the gay, successful business man, much sought after as a desirable bachelor, who always manages to squirm out of marriage at the last moment. Or, he may recurrently fall in love with unattainable married women. He denies any desire to involve the woman, but does his best to win her; then he becomes frightened when her normal emotional needs reach the surface. If he gets married, he attempts to maintain a shadowy relationship without any close emotional contact. This type of man, especially if he has read a psychiatric book, is constantly complaining about "neurotic" women, whose normal emotional demands he characterizes as "castrating" or "over-possessive." He sees himself as the mature, "self-sufficient" male in our modern competitive society, who tends to reject any form of dependency as "immature."

The neurotic pattern of male sexual behavior takes on an almost unlimited variety as the individual alternately runs away, becomes excessively dependent, or attempts to detach himself in a self-sufficient manner. Further description of masculine patterns will be referred to in our discussion of marriage.

Let us first examine some of the special aspects of the development of female sexuality.

Chapter X

CHILDHOOD SEXUALITY (FEMALE)

THE female child undergoes prohibitions of use of her genitals similar to that of the male child. The pressure to inhibit her sexual impulses and explorations are, if anything, more striking than with the male child. The emphasis on limited sexual activity of the female child in our culture is even greater, since the average parents are more prepared to accept sexual curiosity in the little boy than in the little girl. Whether it is easier to inhibit the female child because of the absence of external appendages is a debatable point. However, there seems to be little doubt, on the basis of Kinsey's extensive statistical studies, that developing females have less opportunity or less capacity for reaching a state of orgasmic achievement. His studies indicate that the adolescent girl has only about one-fifth the frequency of orgasm that the boys achieve. This percentage includes all sources of orgasmic achievement, including masturbation, orgasms in sleep, homosexual experiences, and other genital activities.

The average little girl is also more inhibited in the potential expression of her aggressive, self-assertive impulses and forceful muscular activities, which only adds to the degree of submissiveness to the parental figures. She faces a combination of suppressions — sexuality and hostility — so that her self-esteem may be more crippled than the boy's. In addition, girlish dependent and ingratiating attitudes are usually more acceptable, and are often fostered by the parents — in contrast to the frequent encouragement of aggressiveness in boys.

Since the relative permissiveness allotted her is usually less than the boy's, when she first becomes aware that boys have penises, she may see them as the symbols of prestige, power, aggressiveness, success and happiness. This frequently leads to a pattern of envy of the masculine role which Freud originally described as *penis envy*.

There has been much discussion in psychoanalytic literature of the relative importance of *penis envy* in women. Freud originally attempted to explain almost all of the psychology of women as derived from this biological difference between the sexes. He even went so far as to consider the woman's desire for pregnancy to be almost exclusively determined by a feminine desire to compensate for her lack of a penis.

Yet he was obviously discontented with his own formulations of female psychology as based on *penis envy* and frequently expressed this dissatisfaction in his writings on the subject. Thus, at the close of his chapter on "The Psychology of Women" in the *New Introductory Lectures on Psychoanalysis*, Freud resolved his dissatisfaction in the following words: "If you want to know more about femininity, you must interrogate your own experiences, or turn to the poets, or else wait until science can give you more profound and more coherent information." It was his hope that some of his female followers, especially Ruth Mack Brunswick and Helene Deutsch, could some day fill in the gaps. We shall return to the contributions of the female analysts in a later chapter, but not too hopefully, for reasons which will become apparent.

In addition to the problems surrounding *penis envy*, the average female is also faced with the slowly developing awareness that the female sexual role is predominantly more vulnerable than the male. She is told that menstruation may cause her discomfort, may be painful and bloody; that the breaking of the hymen in the initial sexual experience is painful; that childbearing can be incapacitating and dangerous; and that raising children limits her competitive activities in the world. All these factors may fortify her feeling that she plays a lesser role than the male, and she arrives at these findings with varying degrees of acceptance.

If we are to assume that her original infantile dependency on her mother had sexual components, she has the additional problem of subsequently transferring her sexual feelings to the opposite sex. The little boy who is "in love" with his mother can more easily transfer this affection to another female. The little girl who is dependently "in love" with her mother (if she has a good relationship with her) has to transfer this affection later in childhood to her father, and then subsequently to another male in adult life.

This double transition, which the girl has to make in order to reach normal adult sexuality, leaves more room for error than the simpler process which the boy faces. Freud assumed that there were always sexual components in the pre-oedipal dependent attachment to the mother, and that the sexual turning toward the father invariably and automatically occurred during the oedipal period. This was difficult to explain, and many conjectures were offered — including resentment toward the mother for not having a penis, desire to incorporate the father's penis, rivalry with siblings, and others.

The inadequacy of some of these explanations is based on the fact that the full shift of attachment from mother to father doesn't always take place anyhow—which bears out our original contention that many early dependencies are never completely resolved. Deutsch's comment in *Psychology of Women* would bear out this point of view:

"Freud raised the problem regarding the manner in which the girl's love object changes from mother, hitherto the only object of her attachment, to father. Numerous attempts to explain this, on the part of Freud and other authors, have been based on the assumption that this change is accomplished during childhood, but according to my view, it is never completely achieved. In all the phases of woman's development and experience, the great part played in her psychologic life by her attachment to her mother can be clearly observed."

In addition to these difficulties, there is the added complication that the girl's original genital sensations are probably almost exclusively derived from the clitoris, and in adult life have to be transferred to the vagina. This transformation is not necessary to the boy who consistently derives genital pleasure from the penis. The anatomical and psychological factors which inhibit or facilitate this transference of erogenous zones have never been fully elucidated. While psychological forces are involved, there seems to be little doubt that there are in females many biological variations which play a crucial role in the determination of this process of maturation.

In a patriarchal society, where the mother is less authoritative, possibly even maltreated, and the father represents the sole disciplinary figure, all of the girl's original fears concerning the humiliation of the female by the male are fortified. If, in addition,

there should be any childhood witnessing of the sexual act (*primal scene*), with its apparent associated violence of motion and muscular activity, her fears will be greatly increased. Add to this the fact that most societies have placed the menstruating woman under some degree of taboo, and you can begin to see the feelings of unworthiness in the mature sexual female.

In a typical patriarchal environment, therefore, no "normal" developing female stands a reasonable chance of sexual gratification in adult life. The sex act to her is always a potentially humiliating or injurious experience in which she is defensive, on guard, and too tense to derive any real enjoyment. In such a setting, the males have managed to rationalize this difficulty by simply stating that sexual interest or enjoyment is abnormal for women.

For thousands of years, women accepted this fallacious premise, largely out of fear of men. Rather than challenge the source of protection and care which was their due as socially accepted women, they usually submitted to the role of inert sexuality. Those who sought sexual liberation found themselves completely adrift and could only enjoy their defiance in the role of concubine, promiscuous chamber maid, or prostitute. Their chances of fulfilling a maternal role in a marriage setting were few indeed.

The pattern, of course, is altered in those cultures where the woman is not in a completely humiliated position. There are innumerable variations in female status, including that of the almost matriarchal society (Nayar culture). Since there have been so few cultures which encourage female infant sexuality, we consider them to have only anthropological interest. Essentially, what we wish to describe is the cultural setting in which the female child is still relatively inhibited in childhood, and yet does not play a completely beaten role in adult life.

In such a setting, the inhibitions of the female derive largely from the mother, who shares parental authority. This comes closer to the present cultural scene in this country. However, the developing girl may today face a variety of family situations. Her mother may either still be in an inferior role, or she may completely dominate the scene. Her father and brother may be inordinately respected by the mother, or they may be treated with contempt. Of course, the opportunities of being exposed to

parental conflict are enhanced by the emergence of a stronger maternal figure. This has a profound effect on her future sexual attitudes, and in many ways seems to have a greater influence on the girl, who is frequently more dependent and more bound to the home for her security than her brother.

A happy, loving home environment may have a paradoxical effect on the girl's sexuality. Although this is considered the best background for the establishment of healthy attitudes in the developing female, it is possible to see how, when parents are closely tied to each other, the young girl might feel completely shut out from any rivalry for the father's affection. Both parents may shower her with attentive care and affection, but leave her with a feeling of rejection, since there is no doubt that the father's only loyalty is to the mother.

Under these complex modern conditions, the female may go in many directions in her adult sexual behavior.

If the original restrictions were too rigid, she may remain on an *oral* dependent level, in which she denies her own sexuality and her own capacity for achievement. She then becomes the spinster, or nun, and may attach herself to males or females, depending on which were less hurtful to her in childhood. Many compensated schizophrenics live profoundly inhibited lives on this basis, functioning in a rather unemotional, ineffectual manner.

The woman may never reach an adult heterosexual level, remaining instead on a fiercely competitive *anal* level of detachment and self-sufficiency, rejecting any leadership of men, even the common courtesies of daily behavior. She may completely deny her own sexuality, and enter into competitive rivalry with men on their own grounds. This may gain her considerable personal achievement, but leave her with a sense of loneliness. She becomes increasingly isolated, slowly suffering in self-esteem because of her unmarried position. Her inability to form any healthy dependencies makes her very vulnerable. If there is any healthy core of emotionality, she may become profoundly depressed or attempt to compensate by increasing achievement, alcoholism, hostility, paranoia — any or all of the faulty compensations of attempted self-sufficiency.

On the other hand, she may completely reject any dependency on men as hurtful and humiliating, but may allow sufficient liberation of her sexual impulse to attach it to other females, whom she sees as more accepting and less hurtful. This leads to a pattern of female homosexuality. Either woman may play the dominant or submissive role, perhaps alternately. They therefore fulfill their desire to be dependent on the mother, as well as occasionally to play mother themselves. The "hurtful" male is left out completely, and the penis is excluded from sexual activity.

More so than with the male homosexual, the female homosexual may occasionally establish her pattern on the basis of positive attraction, as an outgrowth of intense early mother-daughter relationship in which the father may have been absent, indifferent, detached, or despised — rather than feared.

If the woman completely rejects her feminine role, she may discard all feminine mannerisms and clothes, emulate the males, and seek out submissive women as sexual partners. Such a masculinized female will consistently attempt the more aggressive role and find herself incapable of functioning in any but the "superior" position.

Another woman may partially accept her sexuality — to the extent of seeking out a marital relationship, and participating in the sexual act only to achieve some degree of economic and emotional security. In her participation during the sexual act, the original fears may return sufficiently to set her defenses against injury in motion. One of her methods of defense may be an incomplete emotional participation. In this way, she protects herself by not letting down the barriers of her defensiveness to the point where she can achieve orgasm. In a sense, she stands by, watching, while the man "acts like an animal." She feels that fully giving up her defensiveness and reaching a peak of excitement makes her vulnerable to the man's potential cruelty. Thus, by a system of pseudo-magical thinking, she protects herself from full participation. This is typical of the frigid woman, who may or may not seem to cooperate sexually.

Some women have such graphic fears of pain in association with

female functioning that they are incapable of achieving gratification unless they constantly realize their fears. In other words — "If I am going to be hurt, let me be hurt good and really enjoy it." This is conjured up, together with rape phantasies, and accompanied by almost inevitable feelings of hostility toward the unwitting male partner; it leads to unstable personal relationships. Since her sexuality cannot be achieved in conjunction with normal affection, such a woman's inadequate resources prevent her from finding a stable relationship or building a cooperative family unit. *To be rejected and humiliated becomes the avenue toward sexual enjoyment.*

She never falls in love with the "nice guy" because he appears non-masculine or effeminate to her. To the amazement of everybody about her, she always gets involved with the local bully. Such an individual may be filled with such an inner feeling of inadequacy that she (or he) may be incapable of respecting any person who falls in love with her. Since she has contempt for herself, she feels that anybody who loves her can only be blind or a fool. The man who treats her with contempt, or who is unattainable, therefore becomes a desired partner.

On the other hand, it is possible for a woman to be so fearful of the dominant male figure that she seeks out relationships only with those passive and effeminate men who are dependent on her, sometimes associating only with the crippled and maimed. She plays a maternal role to dependent men only to keep from being hurt by a "real man." Her fear of the hurtful penis may be partially allayed if she becomes pregnant. If she gives birth to a male child, it may be interpreted as a resolution of her "penis envy." Such a boy may then be used by the mother as an instrument of domination, will be overprotected and pushed by the mother into highly competitive situations in order to fulfill her ambitions. The mother who was incapable of becoming dependent on a man then becomes dependent on, and seductive to, her own male child, while the father is gradually pushed into the background.

One defense against hurt finds expression among those women who use their sexual attractiveness to punish men. This is typical

of the "castrating" or "phallic" female who likes to make her partner feel inadequate or humiliated. It is done as a defensive against being hurt by the male, who is really seen as a threat, and it serves to allay the woman's anxiety by symbolically emasculating the man for her own ends. Overtly she may make excessive demands, or may reject the man; once she gets him she creates feelings of jealousy in her sexual partner by flirting with other men. She tends to fight a losing battle, however, because her period of competition is limited. She loses out once her attractiveness begins to wane and she can no longer use it as an instrument of emasculation and competition.

Another defense against hurt is for the woman to remain continuously dependent, and build up romantic concepts of love relationships. Here, the man ceases to be a hurtful figure and becomes a protective individual on whom she can fully rely. He is her "Knight in Shining Armor," and an earlier oedipal idealization of the father image is perpetuated. Under these circumstances, she may or may not resolve her inhibitions to the point of being able to function sexually. In such a relationship, the woman almost invariably becomes bitter and disappointed when she discovers that her lover is not quite the romantic hero that she expected. The greatest disillusionment occurs when she finds that he, too, is a dependent creature and, in fact, looks to her for emotional support.

Feeling that she has now a "gold brick" instead of a golden dream, she may try, nevertheless, to sustain artificially the original illusion, by alternately building up the man in her eyes, and tearing herself down into helplessness. If he still fails to fulfill her expectation of the male sexual hero, she may become overtly hostile, and eventually she ventures into multiple relationships in a persistent search for the "perfect romance."

The modern sexually liberated woman faces special problems which often interfere with her adult adjustment. These problems are to a large extent culturally determined, and revolve about the difficulties in achieving an effective marriage. We shall return to her special difficulties in a later chapter, after we have discussed the psychodynamic features of love and marriage.

Thus far, we have presented a distressing picture of the effects of inhibition of childhood sexuality in our culture. It is little wonder that we can label so few people "sexually well adjusted." Let us review the facts.

There are three phases of sexual development. The first phase is part of the dependency on parental figures—when the child is completely helpless. This may be labeled the *oral* phase, and fixation on this level is invariably associated with sexual maladjustment of an infantile nature.

The second phase of exploration and masturbatory activity is an attempt at liberation and detachment from the parental figures, with a seeking-out of gratification from one's own body. This is a necessary period. It helps break the primary dependencies, substituting new relationships for the original ones. This is the *anal* or *urethral* stage of *libido* development. Fixation on this level is equally destructive, since it is detached and *narcissistic*.

The third or true genital level of sexual adaptation combines the best features of the first and second phases. It is associated with a feeling of some independence, ability to function by oneself, with a healthy capacity for seeking out other human beings in an interdependent fashion.

This genital phase first becomes manifest during the oedipal period, and usually becomes suppressed by various cultural forces until the adolescent period. If the suppression is not too traumatic, *genital sexuality* can emerge in adult life with new sexual choices (other than parental figures) and increased independence.

If this resolution of the Oedipus conflict is successful, the developing individual can then combine a fluctuating dependence on members of the opposite sex with a simultaneous feeling of independence and freedom of choice. The adult functioning is an important pleasure and source of ego gratification. It is associated with heightened self-esteem, and at the same time is a crucial mechanism for coming close to other people and fulfilling some of the partial dependencies without the original helplessness and paralysis associated with the first stage of childhood sexuality.

All the patterns so far described fail to achieve the major purpose of the sexual act, which should be a pleasurable ego-

enhancing experience, bringing two individuals of opposite sex together (literally and figuratively). Infantile conditioning, in our culture, tends to have an opposite effect. It inclines to make the sexual experience a disruptive force or a conflict situation. When the sex act becomes a source of anxiety (rather than pleasure), it can only lead to further inhibition, which manifests itself in loss of erection, premature ejaculation, or lack of orgasmic achievement. Adequate sexual response cannot be fulfilled in an "emergency" experience. All the sexual reflexes become blocked when the individual has to fight for his life, consciously or unconsciously, in reality or psychologically. The immediate survival value of the sexual experience is minimal, and the organism is so constructed that when survival values are predominant, sexual reflexes become inhibited. Only in a background of relaxation, confidence and pleasurable expectation, is adequate sexual activity sustained.

Chapter XI

ADULT SEXUALITY AND MARRIAGE

SOME people reach maturity with a minimum residue of infantile neurotic attitudes. In our culture, these approximate our "sexually well-adjusted adults," presumably prepared for marriage. However, before we begin a discussion of their approach to marital life, certain questions should be posed.

What is the purpose of marriage? Why was the institution of marriage adopted many years ago? It certainly serves no vital purpose in terms of sexual gratification, since it is quite possible to achieve this goal outside of marriage. Most animals function sexually without approaching such a social organization.

Where animals do have a family organization, the unit usually consists only of a mother and children. There is either an absence of the paternal figure or, if the male parent is around, it is usually on a temporary basis and each litter has a new father. Attempts to find analogies to family organization in the lives of insects do not extend beyond communal groups, and the concept that true love exists among such species as the birds only symbolizes the projection of our own romantic desires.

When we study the development of the sub-human primates, we note the increasing evolution of a social organization with closer attachments between various individuals. But nothing approaching the stability of our present monogamous family unit is observed.

The reasons for the woman preferring a family unit are fairly evident but the motivations of the men are more complex and worthy of further appraisal. A monogamous state of living limits their freedom, sexual and otherwise. Their own capacities for survival are diminished if they have to take care of wives and children in times of natural danger. There must be some basic biological reason why human beings have formed a very special

kind of social organization for themselves. Like so many other aspects of human behavior, the reason is to be found in the longer period of helpless dependency of the developing infant.

The extended relationship or attachment between parent and child is probably the most profound of all human experiences. If it were not, the human race would never have advanced beyond the primitive stage. The child apparently not only needs the mother (for obvious reasons), but the mother also gains very positive gratifications from caring for the child, watching it grow, and having it dependent on her.

The females, however, must have felt the need for a protective figure to help in the rearing of the children, securing of food, and protection against the elements. This need is based essentially on the periods of helplessness which the female experiences during her childbearing period. In order to secure the effective fulfillment of her own maternal feelings, it is essential that there be a guiding and protective figure in the environment. This purpose is best served by having an effectual male in the family setting.

How about the men? Do they completely outgrow their original attachment to the mother? Do they reach a point where their dependencies are completely resolved? Do they ever become so self-sufficient that they have no need to be attached to a family unit? We think that all these questions can be answered in the negative, even for the most primitive societies. It is true that men throughout the ages have usually resented their need for women, and many cultures are built around the masculine humiliation of the feminine figure, possibly to still unconscious strivings toward female attachments.

Many theories have been offered as to the origin of the family. On the one side, there have been the proponents of the matriarchal lineage, who claim that the family group originally started as a mother-dominated unit, and that the husband was gradually incorporated (Briffault, Bachhofen). Others, like Freud (who drew upon the theoretical conjectures of Frazer, Charles Darwin, J. J. Atkinson and Robertson Smith), conceived of an originally disorganized primal horde which became organized into smaller units through the efforts of the dominant, sexually jealous male, and thus built up a patriarchal system — the strong father being the master and dictator of the group. Most modern anthropolo-

gists (Malinowski, Westermarck, Mead) find little evidence for either hypothesis. For our purposes, it is important to note only that no society ever studied has failed to show some evidence of family association, in units of adult male, female and children.

In many of the more primitive and disorganized societies of human beings, the family unit may not be very closely knit, and there is considerable lack of cohesion in the intimate family group. Also, many primitive cultures are not necessarily based on all of the children being derived from the same father. This suggests a relatively greater degree of freedom on the part of both parents for extra-familial sexual activities.

Apparently, there must be something wrong with the stability, creativity and capacity for growth in such societies. We find that all the major cultures, those that have brought "civilization" to the globe, were built on strong, fixed family units. Monogamy reached its greatest height in Hebrew-Christian culture, which ultimately conquered the greater part of the world. The strong monogamous unit which is its fundamental feature provides, of course, the most favorable conditions for the woman. It has enabled her to achieve stability, protection and security for her maternal needs. The monogamous unit also provides the maximum security for developing children, which in turn leads to more effective adult behavior. It is apparent, therefore, why the monogamous cultures have been so capable of dominating.

Until quite recently, in modern cultures with stable family units, the woman has been forced to surrender her opportunities for sexual gratification. The man apparently demanded that as the price of his loyalty to the woman. She not only was supposed to evidence a lack of interest in other men, but also was not to expect sexual gratification from her husband.

This pattern apparently began with the Hebrews, who transmitted their concepts of sexual repression to the early Christians. The Romans, who enforced no such repressive measures on their women, were slowly impelled to modify their attitudes under the impact of Christianity from the East. The early barbaric Germans from the North were apparently even more brutally restrictive to their females. A fusion of both these influences slowly became incorporated into the Catholic morality of the middle ages.

With rare exceptions, then, during most of the Hebrew-Christian era, sexual desire was considered the exclusive prerogative of man. Until recently, the woman in the family unit — that is, the socially accepted woman — had neither the expectation nor the preparation for full sexual gratification, and frigidity was almost universal. Why did this patriarchal family organization prevent the woman from enjoying her sexual life? Why did the man insist upon his woman being frigid? Was it exclusively to determine the male line of parentage? Probably not.

It is possible that the development of frigidity in females was devised to limit the personal contact of the females to the father of the household. That he should find it so necessary to prevent women from seeking other contacts, would indicate considerable underlying insecurity in the male concept of his own sexuality. Does this derive from the basic need to have a maternal figure all to himself?

While this may have been important, it probably does not tell the whole story. It seems possible that the basic reason lies in the greater sexual and orgasmic capacity of the female. The average healthy female, even in our own culture, where she is relatively suppressed, has a greater capacity for sexual experience than any one man can fulfill.

In other words, any one woman can undoubtedly satisfy more than one man if she so chooses. She has no need to develop new seminal and testical fluid in order to have repeated sexual experiences. This is undoubtedly because nature has designed that her one egg per month have the greatest possibility of fertilization. In addition, whether the female has interest or not, she is practically always prepared anatomically for the act of intercourse. Man is not. He must first get an erection, and the development of the penile erection in the male is a very complex phenomenon. It has none of the automaticity or receptivity of the female's sexual role.

Recent animal experiments (Beach) indicate that the male sex performance depends on the integrity of the entire nervous system. Small cerebral lesions will make the male animal impotent. But relatively massive nervous lesions in the female will not interfere with her sexual performance. The female animal usually becomes aroused on physical contact, the male animal frequently

needs additional stimulation in the form of complex nervous integration such as looking, thinking and planning. There is no market in pornographic pictures for women; men seem to have greater need for added sexual stimulus. The point in fact is that the beautiful female body is universally admired by men with varying cultural standards, while the beautiful male body is glorified predominantly by the male homosexuals — only to a lesser degree by females.

In animals, this difference in sexual potential is less apparent than in humans, because sexual desire is largely determined by hormonal factors which reach their peak only periodically. During the breeding seasons, animal desire becomes almost uncontrollable; in between these periods it is at a minimum. In humans, sexual desire has largely been liberated from hormonal influence, and is regulated to a greater extent by psychic activity. The average man and woman are therefore biologically prepared for the sex act at almost any time, independent of reproductive function. In fact, many women have heightened sexual desires after their menopause, when they are no longer capable of reproduction.

The average person in Western culture looks upon male polygamy (polygyny) among less sexually inhibited cultures as evidence of the greater sexual potential of the male, as compared to the female. Actually, multiple wives are a relatively rare phenomenon, even in the cultures which approve of it. It is usually restricted to the ruling groups, where it carries prestige value; or is determined by a desire for additional male progeny where the initial wife has failed (China). Lowie states in *Primitive Society*: "The sexual factor pure and simple is of course not to be wholly ignored . . . but everything goes to show that its influence on the development of polygyny is slight."

Linton also states in *The Study of Man*: "A man who can support a conjugal group without help must be richer and more able than the average. Conversely, in a polygynous society, monogamous unions may mean loss of prestige. If a man has only one wife, it will be tacitly assumed that he is too poor to buy or support a second."

The concept of male superiority in sexual desire may have grown out of the fact that the female orgasm is more easily

inhibited, and that women are capable of longer periods of complete sexual deprivation. However, when the female comes into a situation where she has free access to sexual activity, her capacity to perform usually exceeds that of the individual man, whether or not she has orgasms.

Because of this greater potential of females, the dominant male of our patriarchal society has spent thousands of years convincing her that she really has no sexual interest, and that even one man is too much for her.

Thus Acton, an English physician who was considered an authority in sex matters, wrote in 1875 that "the majority of women, happily for society, are not much troubled with sexual feelings," and that the supposition that woman had any sexual desires was a "vile aspersion." Only "lascivious women" showed any signs of pleasure in their sexual activities.

Apparently women formerly accepted this attitude in order to achieve the security of monogamous marriage. Only recently have they succeeded in liberating and honestly accepting their own sexual desires—a situation which is beginning to have its effects on the institution of marriage.

Before we enter into any discussion of these recent cultural changes, let us first evaluate the nature of the sexual relationship for the frigid woman. In such an environment, there is vigilant training in the suppression of female sexuality from earliest childhood until adult life. Social ostracism becomes the price for any manifestation of sexual interest. Within this pattern, there is a passive acceptance of sexuality as an exclusively male prerogative.

This submissive sexual attitude, with its minimum expectation of gratification, leads to less conflict between male and female, since no other expectations are in order. The woman's marital gratification comes from other sources—such as social prestige, stable family units, home, children, adornment, etc. While this state of affairs may be unsatisfactory from the feminine point of view, it has certain redeeming features. In the first place, it is consistent throughout the life cycle. There is no need for fluctuations in attitudes. It has universality. None of the other women enjoy their sexual lives, so there is no one to envy. All regard sex as a burden.

These women often have the added compensation of being

assured of marriage, independent of their sexual desirability. They also know that their marriages are stable. Divorce is practically unknown in a culture which fosters female passivity. If husbands are attracted to a promiscuous woman, it constitutes no threat to the family setting or the wife's maternal role.

Let us outline the effects of such a cultural setting on men. The general acceptance of the absence of feminine interest in sex leads to a complete lack of concern for the feminine response during the sex act. His sexuality becomes divorced from any need to impress or ingratiate himself with the woman. For the man, the sex act then becomes an exclusive pleasure experience, with a minimum of approval to be derived from it. The frequency and pattern of sexuality is completely determined by male needs and is divorced from any feminine interest.

Such a system of sexual activity is perfect (at least biologically) from the man's point of view, and almost invariably develops in a patriarchal society. It is characteristic of most of China at the present time and prevailed in our own culture until recently. Under these circumstances, male sexuality is dominant, and impotence is practically unknown or of little consequence. The man is in the driver's seat. He can do no wrong since the woman wouldn't know it if he did, and hasn't any other expectation anyhow. If the man has little sexual interest, loses his erections, or has premature ejaculations, it does not disturb the female, it merely decreases her burden. Hence, the man's unconscious dependency on the female is not threatened by the fear that she will become disgruntled or seek other outlets.

In such a patriarchal monogamous setup, the virgin female carries high prestige value as a bride, and there is little concern for her feelings on the first night. The non-monogamous societies, by contrast, have elaborate procedures for gratifying the female — Hindu "Kama Suta," Egyptian Papyrus, Arabian "Perfumed Gardens." Malinowski and Mead have described similar patterns for sexual gratification in the Trobriand Islands and Samoa. It is curious, therefore, that in these societies the men have the greatest fear of the defloration of the woman. Thus Freud described the taboo of virginity in his "Contributions to the Psychology of Love":

"We may say that the act of defloration has not merely the

socially useful result of binding the woman closely to the man; it also liberates an archaic reaction towards the man, which may assume pathological forms, and often enough expresses itself by inhibitions in the erotic life of the pair and to which one may ascribe the fact that second marriages so often turn out better than first. The strange taboo of virginity — the fear of which among primitive peoples induces the husband to avoid the performance of defloration — finds its full justification in this hostile turn of feeling."

It would seem, therefore, that in societies with the greatest concern for the sexual response of the woman, the man is most preoccupied with the mechanics of the sex act, and is deeply fearful of the woman's response on the bridal night.

Let us now return to the patriarchal cultural setting in which Freud originally described psychoanalysis. In such a background, practically all women had problems in sexual functioning, and all fathers appeared as menacing forces to their children. Thus, disturbances in sexuality, castration fears and Oedipus complexes were rampant in the neurosis of most patients. At the present time, however, particularly in metropolitan areas, problems are remarkably different.

Women have now emerged from their beaten and submissive role, to play a more meaningful part in society. They vote, they work, they think for themselves, and they expect sexual gratification. This liberation of the female is due to many causes. Religion which stresses feminine modesty is no longer the powerful influence it was formerly. Scientific, mechanical and political advances have made it possible for women to compete with men on a basis other than sheer brawn.

Modern methods of contraception help her limit the size of her family, so that she has time for other things besides household interests. She is no longer placed in a completely secondary or subservient role. She shares in the management of her marriage, and the husband is no longer the all-powerful, dominant, patriarchal figure.

Yet for the most part, there has been no basic change in childhood sexuality. Despite our progressive education, the average boy and girl still find it necessary to suppress sexual functioning for many years. Even in the most enlightened environment, the original restrictive attachments to the sexual impulse still prevail.

The girl emerges from an early environment of profound inhibition and apprehension concerning her sexuality, into one where female sexuality is built up to huge proportions. This build-up comes to her through screen, radio, magazines, and finally through toilet conversations of one sort or another. She now carries within herself a conflict between her early inhibitions and her heightened expectations. This usually leads to disappointment in her initial contacts, since it frequently takes her some time to develop the capacity for vaginal orgasm. When this happens in contact before marriage, the female believes that:

a) She is a failure as a woman. This may fill her with shame, and she may attempt to hide the fact from her friends or partner. The unresponsive or sexually frightened woman is no longer considered desirable.

b) She may project the blame on her partner and conclude that he is inadequate, or she is "not in love," and seek new adventures.

She follows Stendhal's advice: "A 'cold,' passionless woman is a woman who has not yet met the man she is bound to love."

If all goes well and she works through some of the problems of her inhibitions, she may feel prepared for marriage with some degree of confidence.

Let us examine her future partner. The man who is to be her husband has a similar background of inhibition, and approaches his sexuality in adult life with an inevitable feeling of greater or lesser insecurity. He no longer faces a passive, submissive woman without expectations. In fact, it has become the masculine ideal to find a partner who is quite "sexy," the most attractive woman in the crowd. Much of his enjoyment derives from gratifying her, and comparing himself with other men.

As he breaks away from his early childhood attitudes, the average man functions with considerable difficulty in his early contacts. This manifests itself in loss of erection and premature ejaculation. If he has a series of affairs which gives him experience and builds up confidence in functioning, he may look forward to a long-range marital and sexual adjustment, which is largely the social ideal.

In his premarital experiences, the man is usually the pursuer. He recurrently comes into contact with unmarried females whose

desires appear more reserved than his own. This is partially based on their early childhood inhibitions, but may be abetted by their unwillingness to take the social risks of sexual activity outside of marriage. Because of these factors, the average man during his courtship becomes convinced of the superiority of his own drives.

The man is usually under pressure to become an adequate lover before he undertakes marriage, for if he seeks any sexual advice he usually reads:

"In love — quite apart from the psychic element — woman is a harp who only yields her secrets of melody to the master who knows how to handle her." (Balzac quoted by all books on sexual advice.)

And Van der Velde who adds:

"But who can play this delicate human harp aright, unless he knows all her chords, and all the tones and semitones of feeling? Only the genius — after long practice and many discords and mistakes!"

Many a man becomes so discouraged by these warnings that he may defer marriage indefinitely. More usually he has some fulfilling experiences, however, and decides to get married anyhow.

The male, under the best circumstances, comes to his marriage with a minimum of insecurity in his own capacity to function. He also tends to pick a wife who apparently has a minimum of inhibition. Usually, the two partners have not worked out a stable sexual relationship toward each other by the time of their marriage. Both have had only casual or short-range relationships outside the framework of regularity and responsibility associated with marriage. And according to custom, they start out the marital relationship in a state of heightened expectation and eagerness to begin their sexual relationship.

The man comes into the relationship with a great desire to derive pleasure from his marital partner, with varying degrees of residual insecurity regarding his own capacities. The woman, on the other hand, has mixed reactions — partially fearful, partially pleasurable — hoping that her husband will fulfill her long-deferred sexual dreams. If she has any doubts about her own capacity to enjoy the act, she is under pressure to deny this before her marriage. Under our present social conditions, only adequately

functioning women are considered acceptable marital partners. A man would be discouraged at the thought that his wife might be sexually unresponsive.

Let us assume that the initial sexual activities run off reasonably well. Since the woman is no longer the passive instrument of the man's desire, her reactions are consulted. Several alternatives are likely.

If she failed to have an orgasm:

She can be honest and say she did not. This may make the man feel incompetent, cause confusion and, later, resentment. Or he can conclude that his wife is frigid. On the other hand, he may find himself accused of not being adequate, or of not engaging in sufficient preliminary activity to bring his wife to the proper pitch of excitement. If the husband or wife turn to Havelock Ellis, they will read: "But the main part of the task in curing sexual anesthesia in a woman must usually rest with her husband. He is by no means always equipped for this treatment. One fears that there is still too much truth in Balzac's saying that in this matter the husband is sometimes like an orangutan playing a violin. The violin remains 'anesthetic' but it is probably not the violin's fault."

The wife can take the more casual course, and reassure her husband that all is well. Because she may feel a little guilty at her lie, she usually over-reacts in an attempt to reassure him that he is a good lover.

If the act was pleasurably consummated:

She will usually confide this fact to him in glowing terms, for this represents a fulfillment that she has long awaited.

Any of these reactions is an increased incentive for her husband to extend himself in an attempt to please her and thus consolidate the relationship. When the husband begins to drive himself to please the wife, the ordinarily receptive woman will cooperate by accepting his advances, encouraging him, and in doing so indicate that she always is accessible. This is very pleasant at the beginning, but the husband soon learns that his wife can take all the sexual activities he can offer — and more.

In fact, she seems to be ready at the slightest overture, whether or not she has orgasms. He begins to wonder if his wife is not too much for him. This is true in the average marriage based on modern standards of "sexual freedom." Whether the wife can have an orgasm or not, she feels that it is expected of her always to express interest. If she doesn't, she may be accused of frigidity or not loving her husband.

The average couple returning from their honeymoon look rather sheepish for more reasons than modesty, and many marriages begin to go on the rocks at this point. The husband becomes increasingly preoccupied with his apparent inadequacy, drives himself even harder to achieve sexual leadership, but is doomed to failure. The husband's activity begins to be determined by a desire to gain approval, and to ingratiate himself, rather than to gain pleasure. He constantly feels as if he were on test, and sees his sexual activities as a responsibility toward his wife rather than as a pleasurable experience.

Under these circumstances sexual leadership is slowly turned over to the woman, since she seems always prepared, whether he is or not. They may pride themselves on their democratic attitudes toward sex, and the fact that woman is no longer the instrument of man's gratification. But true democracy is difficult in such a relationship, since the pacemaker, by and large, must reside in the man's sexual potential.

If the man has desire and an erect penis, he can have a sexual experience whether the wife is prepared or not. On the other hand, if the woman is sexually aroused and the man is disinterested, sexual experience is possible only under very artificial circumstances. Since the man under these conditions begins to feel that he can't quite keep up with his wife he is apt to perform the act more when he thinks she wants to, than as an expression of spontaneous desire. This pattern culminates in the woman setting the pace, with the man feeling increasingly inadequate.

When the man begins to use his sexuality for approval or ingratiation, he automatically enters the battlefield of anxiety. As we have previously described, nature has made adequate provision that the animal should not become sexually aroused when his survival is threatened. When self-esteem is involved, the man loses his erection or gets a premature ejaculation, and the woman

becomes frigid. When there has to be a state of defense against potential injury or humiliation, the sexual impulse is lost.

The misconception that the male sexual drive is unlimited is a remnant from the days when most women were frigid. While the woman may be more difficult to rouse, and be capable of going through longer periods of deprivation, in a lasting relationship there is no room for quantitative competition.

Under these circumstances, the logical course should be for the male honestly to express his indifference in the act when he is so inclined. Usually, he is ashamed of such simple honesty, and feels the need for many artful devices to justify his avoidance of sexual activities when he is disinterested. The wife is generally under similar internal pressure to prove herself, and she too never begs off. She may feel that if her husband really loves her, he will always want to, and she therefore expresses her constant readiness. She may follow Balzac's advice to marital partners: "Woman is weak, and in marriage, she should submit her will to man's. As a return, man owes her the sacrifice of his selfishness and self will."

Both partners, unaware of what is taking place, will unwittingly begin to misrepresent their feelings to each other, and even to themselves. The increasing sexual anxiety on the part of the man in the marriage leads him to attempt various compensatory patterns in order to resolve his own insecurities.

The man may attempt to cover up his insecurity by an increasing amount of romantic love; that is, he can surround the act with a whole production of provocative music, lights, etc. He can protest his love in very grandiose terms in order partially to make up for his feeling of inadequacy in the act itself. In addition, he may spend a great deal more time in the preliminary play, in order to excite his wife to such a high pitch before entering, that his potentially limited performance will disguise the aspect of failure. He is, of course, encouraged to do this by reading the marriage manuals, which place so much emphasis on this aspect of the sexual performance, and emphasize the preliminary play (or changes in position) as a crucial factor in the enjoyment for the female.

There is reason to believe that there is no correlation between these activities and the culmination of sexual pleasure in the female. The average female who is having a regular sexual life, if

questioned carefully, will indicate that she almost always knows soon after the beginning of sexual activity whether she is going to have an orgasm that particular night. This variation in sexual responsiveness may be psychological, but is also conditioned by the hormonal cycles of the menstrual period. On one occasion, she will have orgasms with a minimum of activity, and on another occasion, many hours of play will fail to achieve an orgasm for her. In addition, it seems that the greatest difficulty is found in those groups which place the most emphasis on this type of sexual play. Among our college-educated groups, which go in for the heaviest necking, petting, etc., there is the least sexual capacity (according to Kinsey's statistics).

In such cases, despite the husband's ardent attempts, the woman usually ends up with fewer orgasmic experiences — because the final capacity for orgasm is more easily inhibited in her, and is not always an inevitable result of the sexual act. Once the man is sufficiently aroused to maintain his erection long enough to enter the female, he will almost invariably have an orgasm and ejaculation, premature or otherwise. This will not always be true for the woman, for despite her increased capacity to participate, her orgasms may be less frequent, unless she is capable of multiple orgasms.

Probably no woman has an orgasm every time in a long-range relationship (unless the sexual act is performed rarely). In our own experience, women who make statements that they never fail to have full gratification usually either never have orgasms, or are deceiving the examiner to cover up their fears of being labeled frigid. The popular works lead her to believe that she should always have a simultaneous orgasm with her husband, and she may be afraid to admit otherwise.

Van der Velde writes: "In normal and perfect coitus, mutual orgasms must be almost simultaneous; the usual procedure is that the man's ejaculation begins and sets the woman's acme of sensation in train at once. The time it takes for the sensation received by the woman to reach her central nervous system and translate itself into supreme delight is less than a second. Such is the marvelous rate of nervous transmission."

According to such advice, the woman must not only have simultaneous orgasm, but the husband dare not start unless he is

sure that she is prepared. For the same author warns the husband: "A husband's interest and honour alike, enjoin that he should never permit himself a sexual gratification which he has not made his wife desire as well." And: "So, above all, I would impress on all married men; every erotic stimulation of their wives that does not terminate in orgasm, represents an injury, and repeated injuries of this kind lead to permanent — or very obstinate — damage to both body and soul."

Little wonder that the average husband becomes increasingly insecure at the present time. Whatever aggressiveness is left in him is completely crushed.

The woman is frequently unaware of what is happening, and may not sense the increasing anxiety within her husband. She may begin to feel that she is at fault, that she is incompetent, or that her husband is no longer in love with her. This fills her with anxiety, and usually leads to even greater pressure in her sexual performance. She, too, begins to enjoy it less and less, frequently without her husband knowing. She may attempt to compensate by non-sexual affectionate behavior, but becomes increasingly repelled by her husband, who interprets this as just another prelude to additional sexual demands.

In defense, both marital partners begin to throw up walls against each other. They cease to be honest with one another — fail to fulfill each other's needs — and normal healthy dependency disappears. They start acting. The husband becomes unable to perform the sexual act when he wishes and to refrain when he has no desire. This, he feels, is an admission of defeat for him, and increases the artificiality of his behavior. The wife becomes unable to admit that sometimes she doesn't have an orgasm, and it really doesn't matter if she misses once in a while as long as he enjoys it, and she's sure that he loves her. She may feel that such an admission would disturb her husband or expose her as an old-fashioned submissive female, since the husband always seems so anxious for her to achieve an orgasm. Realistically, such an admission would be closer to the biological facts, and would restore the man's self-esteem. If he felt that on rare occasions his wife was psychologically unprepared, but was only too willing to allow him gratification, it might restore the man's feeling that the sex act was something he had the right to enjoy for himself, and not

always a means of proving himself to his wife. Usually, however, the "enlightened" man will not perform the sex act under these conditions. He may feel distressed by her unresponsiveness, or may feel that such an attitude is humiliating to the woman.

They have both heard much about male impotence, which is a common source of humor in our culture because of its increasing frequency. Women are ashamed to admit that their husbands are failing them, and too frequently the reasons are ascribed to the woman's lack of attractiveness and cooperation. The progressive breakdown in sexual adaptation begins to have wide ramifications in many of the marital activities, and simmering hostilities begin to reach the surface. Anxiety becomes more and more manifest. Of course, in our highly complex, competitive society, there are many other sources of anxiety, and these all tend to increase the sexual difficulties of marriage. As the difficulties become compounded, certain early, and more infantile, unconscious neurotic defenses start operating. Let us describe these attempted compensations within the marriage by returning to our three basic patterns of defense.

Flight or Withdrawal

The husband (or wife) may begin to withdraw from his sexual role on a hypochondriacal basis. He may develop psychosomatic symptoms in an attempt to justify his waning confidence. That is, he becomes too tired, too sick, has a backache, and therefore justifies his not performing when he thinks his wife is desirous and when he feels unprepared. This progressive withdrawal may lead to early impotence, which may be labeled "early male menopause," and which usually fails to respond to hormonal treatment.

The man (or woman) may throw himself into many substitute activities—business, creativity and charitable ventures—which take him away from the home and provide a socially acceptable reason for limitation of sexual activities. He becomes "married to his work," and can rationalize away his fears.

The man (or woman) may run away by attempting to substitute quantity for quality in his sexual relationships. He may

return to the premarital type of chase, seeking out extramarital affairs to recapture his self-confidence in an area where he has no responsibility for long-range sexual activity. In this situation, he is not faced with the burden of repeated sexual activity with one woman for an indefinite period of time. He does not have to find any spurious reasons to explain the temporary loss of sexual activity, because he can always find a good reason for not calling the woman on any given night. Or he may not care how his new partner responds. In other words, he restores the pacemaker of sexuality to his own capacities, rather than to his expectations of what his wife will want.

Under these circumstances, many men seek out partners who are much less attractive than their own wives, and yet glibly state that they are no longer interested in their wives physically. On the other hand, the man may seek out the most responsive female he can find, and accuse his wife of being frigid by comparison. In this way, he justifies his waning sexual confidence in the marriage. If he should divorce his wife and marry the extramarital partner, he will invariably run into the same difficulties again, and seek out extramarital affairs once more. . . . On the other hand, such extramarital activity may occasionally restore the husband's confidence in his sexuality, and temporarily sustain the marriage.

Another variation on this pattern of attempting to restore confidence by flight is accomplished through phantasy. Many a man (or woman) who is losing sexual interest in his marital partner does not realistically seek out a new partner, but uses a phantasy of another woman (or man) to maintain interest during marital sexual activity.

Dependency

The man may become increasingly dependent on his wife and slowly convert her into a maternal substitute. He may become increasingly ingratiating and apologetic, increasingly impotent and even less effectual in his outside activities. If his wife has any competence in her own right, this pattern tends to be hastened. Many rationalizations can be found for the diminishing sexual activities which follow as a natural consequence. The marriage may become childless, and the wife may fulfill all of her maternal longings in the relationship with her helpless husband. She may give up her own gratifications to preserve her marital state. A

shaky stability may be maintained on this level. Usually, however, the woman begins to become increasingly disturbed emotionally, and as she approaches her menopause, increasingly aware that she has failed to achieve either sexual fulfillment or motherhood.

Another variation on this dependency pattern is seen in those marriages where two relatively immature people marry. They may both be frightened, and hang on to each other for dear life. They may romanticize their early difficulties, their sexual problems, their inability to pay the rent, their fears for the future, and other dangers. Through their attachments to each other and mutual help, they slowly begin to attain more mature attitudes. The man starts to become economically successful, and comes into new relationships where he is treated with great respect. The woman, on the other hand, continues to treat him as she always did. She knew him "when," and may still feel the need to continue the original closeness born out of mutual need.

The man may look back with a sense of humiliation on his earlier dependent relationship with his wife-mother. In seeking new stature, he may struggle to free himself of it and desire to play a more aggressive role with women. He often begins to detach himself by extramarital adventures, which quickly wreck his marriage. When this is accomplished he may abruptly go into a panic or a depression at the loss of his family unit. He may not have recognized that much of his previous security was based on a healthy fulfillment of his dependent needs.

Self-Sufficiency

The frightened, anxiety-ridden husband may attempt to find some compromise by increasing independency and self-sufficiency. This may take many forms.

He may detach himself emotionally from his wife, frequently with the aid of alcohol or with other substitute gratifications. He throws up a wall between his wife and himself, and no longer attempts to fulfill her needs.

He may begin to deflate his wife, and come into increasing conflict with her. In this fashion, he may bring up many extrane-

ous issues to justify his sexual avoidance. Under these circumstances, he may blame his lack of sexual activities on the fact that he is no longer "in love," or that his wife doesn't understand him. A man under these circumstances can, and does, use almost any ruse to project his own sexual problems onto his wife, and under these circumstances sends his wife to the analyst for straightening out, with a complete denial of his own difficulties.

When this pattern begins, nothing that the woman does is right. If she denies any sexual interest, the husband has the perfect "out." He blames his lack of sexual performance on her frigidity. If she continues to express interest and makes advances, he becomes even angrier and accuses her of being a "nymphomaniac."

The husband under these circumstances is really attempting to revert to a patriarchal set-up, and unconsciously begins to humiliate his wife in order to deny his dependency on her. As he deflates her image and develops an indifference to her welfare, he may find his sexual powers returning. His hostility may mobilize his shattered self-esteem, and such a husband will function best after a vigorous quarrel with his wife.

The wife may or may not find this compromise acceptable. It may fulfill many of her earlier neurotic needs to have a "real man," and democracy flies out the window as the wife takes on a submissive attitude to preserve her marriage. If she puts up a fight for her position, chronic conflict may ensue and persist indefinitely, unless the marriage ends up in divorce. The conflict is usually unresolvable, because too frequently the issues are joined to inconsequential matters which are far removed from the basic problem. A distraught woman under these circumstances can frequently completely crush the man's residual confidence. In her humiliation at feeling unloved, she may fail to recognize her husband's basic sense of inadequacy and interpret his defenses only as a hostile attack against herself.

The husband's need to return to the patriarchal pattern may be facilitated in a healthier form by the birth of children. This may restore the man's shattered confidence.

The wife's pregnancy cuts down her capacity for sexual relations. For months before and after the delivery, she is usually advised to abstain from sexual relations. Under these circum-

stances, the man is in the role of being ungratified, and temporarily is the more aggressive of the two. The woman is also usually less aggressive during most of her pregnancy, for fear of injuring the child.

Following the birth of the child, the woman's tensions may be diminished, or they may be invested on the child instead of the husband. She is usually so preoccupied with the care of the child and her insecurities surrounding her effectiveness as a mother, that she comes to bed at night in a state of exhaustion. She can now realistically, and for the first time, express her lack of interest in sexual relations without loss of esteem and without being accused of being frigid. The husband then begins to feel, for the first time, that his wife is not too much for him sexually.

The helplessness of the female during pregnancy and childbirth may realistically put her in a dependent role for the first time. The husband may now really feel important. The wife ceases to be a dominant maternal figure in his eyes, as she transfers this attitude toward the child. Many a man will respond to this new development, with a sense of being a "real man," and his confidence will return.

All of these changes may reverse the sexual insecurity of the male, if he has the wherewithal to assume a more independent, self-sufficient role. But it frequently has the opposite effect, and explodes further charges of tension, if the husband is too dependent and resents being replaced by the children in the affection of the wife-mother.

All these patterns of marital compromise, based on excessive flight, dependency or self-sufficiency, may salvage the relationship for varying periods of time, and at greater or lesser cost to the integrity of the individuals concerned.

The only effective way to stabilize the sexual-marital relationship is by working out a healthy emotional relationship. Before we can begin to define this concept, we must first review the psychodynamics of love and romance in our culture. A healthy sexual relationship is always the result of a healthy interpersonal relationship. Let us proceed to an analysis of the factors which go into such a relationship.

Chapter XII

THE STABLE MARRIAGE—LOVE AND EMOTIONAL SECURITY

THE most favored method of seeking out "emotional security" is falling in love—usually considered necessary for a healthy sexual or marital relationship. Without it, many of our contemporaries grow depressed and unhappy. The concept of love reached its peak of acceptance in this country and, today, marriages or sexual affairs are considered incomplete without it. This concept, however, is relatively new, and in many other cultures, still non-existent.

Romantic love, as we know it, largely a product of the cultural change in Western society, is a rarity in those societies which do not allow individuals to choose their mates, or in those societies where the selection of marital partners is determined by impersonal values, such as property, prestige, etc. It exists for men predominantly in those cultures where women do not play a completely humiliated role. Obviously it is difficult for a man to "fall in love" with a woman unless there is some degree of mutual respect, admiration and concern for the feelings of the loved one. The women have special "love" problems which will be discussed in the next chapter.

Every discussion of love automatically runs into difficulties of definition. Different individuals mean different things when they talk about being "in love." When asked to express themselves on the subject, the answer usually is, "I'm in love—you know what I mean. This is the real thing."

There have been many attempts to define the nature of "love" and to separate its spiritual qualities from "lust." Many authors, including Freud and Briffault, have found its basic derivation in the security relationship between mother and child,

and the remnants of infantile dependency which persist into adult life. It appears that the concept of "love" is strongest in our own monogamous society, which fosters the longest period of childhood dependency.

Havelock Ellis points out that many primitive cultures do not have even a primary word to express the concept of "love." On the other hand, the language of the ancient Peruvians contains nearly six hundred combinations of the verb *munay*, to love. Anthropologists who have studied many cultures which function without this concept take the most cynical attitude toward "love." Linton expresses himself as follows (*The Study of Man*):

"The concept of romantic love did not appear in Europe until the time of the thirteenth century troubadours, and these experts ruled at first that it was impossible to married people. Even as late as the eighteenth century, it played a very small part in European marriage. All societies recognize that there are occasional violent emotional attachments between persons of opposite sex, but our present American culture is practically the only one which has attempted to capitalize these and make them the basis for marriage. Most groups regard them as unfortunate and point out the victims of such attachments as horrible examples. Their rarity in most societies suggests that they are psychological abnormalities to which our own culture has attached an extraordinary value just as other cultures have attached extreme values to other abnormalities. The hero of the modern American movie is always a romantic lover just as the hero of the old Arab epic is always an epileptic. A cynic might suspect that in any ordinary population, the percentage of individuals with a capacity for romantic love of the Hollywood type was about as large as that of persons able to throw genuine epileptic fits. However, given a little social encouragement, either one can be adequately imitated without the performer admitting even to himself that the performance is not genuine."

Rather than accept any fixed definition, we will try to describe love psychodynamically in its most acute form, labeling it "romantic love." What are the basic components in such a relationship?

Idealization

An idealization of the love object which excludes all of its defects. A man or woman romantically in love is usually not receptive to realistic evaluations. "Love is blind." Family and friends may be capable of seeing all kinds of shortcomings in a beloved one; but to the lover, they are either unobservable, or inconsequential. Any attempt at an objective appraisal meets with resistance. It is like telling a child that his father can't beat up any man in the block. He refuses to believe it.

Dependency and Helplessness

Being in love carries with it the feeling that one would be helpless without the love object. Life then seems full of void, and the individual becomes despondent when the loved one is unavailable or lost. This despair carries with it much of the qualities of infantile dependency on the parent.

(We are excluding from our definition the so-called *narcissistic identification* which Bergler and others have discussed as playing such a big part in romantic love. It is probably a relatively rare phenomenon, in which the person falls in love with somebody who reminds him of himself. It plays a significant role only in the very self-sufficient, detached, ego-centric and homosexual types — rather than in the more dependent romantic types.)

The Chase and the Sexual Expectation

The most romantic love experiences are always those associated with the thrill of the chase or courtship. There is an exciting element of *future* expectation, unfulfilled sexual trepidation, and limited gratification. The lover eagerly looks forward to the accomplishment of his goals. Potential obstacles or rivals may only enhance the interest. The dream of future fulfillment, and the nuances which surround the sexual chase, are an integral part of the romantic love experience.

This kind of romanticism is the type of love most frequently observed in young, immature and dependent people, with limited sexual experience. It is the typical Romeo and Juliet courtship. It is an outgrowth, in our culture, of the dependency idealization

of parental figures, associated with early sexual inhibition. It is an emotional experience which offers the immature person in our society the best type of transition between the inhibitions of childhood and the sexual fulfillments of adult life.

What happens when such a courtship romance is transformed into a long-term relationship such as marriage?

The idealization is difficult to maintain in the presence of living together. Constant reality testing begins to break down the original blindness toward the imperfections of the marital partner. Sooner or later, the husband discovers that the wife is incapable of effective management of household duties, or the wife learns that her husband's capacity to hold his liquor is expensive.

The magical expectation of dependency on the loved one begins to dissipate when his or her imperfections are discovered. The disillusioned partner begins to see that his hopes of salvation will not be fulfilled. Being in love does not always solve the need for adequate functioning in one's daily existence, because the temporary surge in confidence has to be sustained by competent daily living on an effective adult level.

The chase is over. It is difficult to maintain the illusion of a romantic courtship when one shares the same bed and daily activities. The competitive aspect of courtship associated with romantic love slowly dissipates.

The constant sexual gratification without the tense expectancy of the romance takes away an important ingredient from romantic love. The longings and dreams are gone, and have to be replaced by a realistic capacity to enjoy the sexual experience *in the present*. Sexual inhibition undoubtedly increases the capacity for being in love, and many a man will state that his sexual performance is weakest with the woman he loves.

As the dependency and the idealization begin to dissipate, and sex is readily available, the exclusiveness of the sexual impulse tends to disappear. The man and woman who formerly protested undying fidelity begin to develop "a roving eye." When these inevitable modifications begin to operate, one or more of the following changes may occur:

The sexual partners may decide that this was not the "real thing," but an infatuation, and proceed to break up the relationship or marriage. Almost invariably, under these circumstances, they will seek a new romantic love, and subsequently wander in and out of relationships, having the same thing happen over and over again. These are the chronic divorcees, who devote their entire energies to searching for the perfect "love match." With an increasing experience and a better capacity for realistic appraisal born out of frustration, such individuals may slowly lose the capacity to fall in love as they did in their youth. They then become desperate and their lives become "empty" and depressed.

If one partner begins the process of falling out of love before the other, marked hostilities and overt conflicts ensue, with tremendous feelings of rejection and hopelessness on the part of the aggrieved one, and a varying amount of guilt on the part of the one who is not in love. If the latter remains within the marriage, he feels more and more like a martyr. "I am doing it for the kid's sake." This is usually the misunderstood husband or wife.

Each partner may feel guilty toward the other, and try desperately to maintain the outward form of romance about themselves and toward the world. This attempt to keep their "pure love" is practically always at the price of sexual inhibition. In order to maintain their illusion, it may be necessary for them to withdraw more and more from normal social contact. They belittle the outside world in order to idealize each other. It is the so-called "perfect marriage," where both marital partners remain eternal juveniles, frequently denying the need for sexual gratification and usually not having children. They deny the need for children because they have each other. If they do have children, the parents may exclude them from sharing their romantic experience. Some of the most neurotic children derive from such marriages.

Again, the partners may attempt recurrently to recapture their original romantic love by periodic separations, visiting early romantic sites, and other actions calculated to re-stimulate the lost feeling.

One of the most frequent mechanisms for restoring the romantic interest is by periodic conflict with each other, and enjoyment of the reconciliation. Many married couples, who begin to feel bored with their daily existence and sexual partners, state that after a vigorous fight, they experience a resurgence of the old romantic interest. The woman will usually start the argument about some completely inconsequential matter (e.g., the color of the new drapes). A temporary rupture in relations ensues, and the making-up process then proceeds in the pattern of the original courtship. Vows of romantic love will be made again, and sex becomes exciting once more. This pattern may continue in periodic form for many years.

Of course, the partners may participate in extramarital sexual experiences, feel disappointed in the new partner, and undergo a temporary resurgence of interest in the original mate — together with a fear that he or she may be lost to them. The old romantic flavor is renewed in the attempted reconciliation.

The most favorable possibility of all is a transition from the acute romantic love interest into what can be called enduring love, mature love, marital love, adult love, or a healthy sexual relationship. Overwhelming romantic love, like overwhelming grief, seems to be a temporary emotional state, and sooner or later has to be replaced by a working relationship suitable for effective living on an adult level. Unfortunately, many couples who start off on a high romantic level, feel "out of love" when this normal transition begins, and therefore feel the need to wreck their marriages. Their insistence that their love shall not change in quality, despite increasing maturity and sexual experience, forces them back to the emotional problems of adolescence.

The whole concept of romantic love has been so abused in our culture that many variants are constantly appearing. More often than not, the word "love" is not expressed until the protagonist feels prepared to commit himself to marriage. In many cases, it becomes a form of commitment, independent of the feeling tone. Thus the young lady may not say that she is "in love" until she is sure that the man is going to marry her, or until she determines what his earning capacity is. Under these conditions, "love" be-

comes a method of two people deciding that they will live together.

Among many of our more cynical intellectuals, the concept of romantic love is in almost complete discard. They have come to recognize its evanescent quality and try to replace it almost completely by an effective intellectual companionship based on a mutuality of interests, thus hoping to protect themselves against boredom. In the process of doing so, however, they too frequently completely disregard any emotional factors of attraction, and go from the frying pan into the fire. For an emotionally detached intellectual relationship can become just about as boring as a burnt-out romance.

It is difficult to define the beginnings of a good emotional relationship. No one can really describe the multitude of unconscious forces which attract people to each other. The qualities which make people take to each other at first sight are infinitely complex and frequently indefinable, but yet are quite real. They are compounded from physical appearance, emotional expression, mannerisms, dress, forgotten yet unconsciously active associations, intellectuality, and other intangible factors. Whatever elements go into such an affectionate response between two people, they form the nuclear basis for their future relationship. Such an attraction may sometimes lack many of the hectic elements of the romantic chase. In fact, the general tone may be one of comfort, relaxation, feeling "at home," the "chase is over," and relief from the strain of living up to the former self-protective social façade. Such a relationship may begin on an adult sexual level without losing its significant quality.

What are the elements which go into the stability and effectiveness of a long-range relationship, whether built on an early romantic interest or not? How can we define a love relationship in a more mature sense, which is capable of a more enduring course? Such a relationship, of necessity, contains the factors necessary for the control of anxiety. It has to contain within its framework healthy capacities for working out basic problems in adjustment. Let us begin to define the components which enter into the most effective types of marital adjustments.

DEPENDENCY IN MARRIAGE

The fulfillment of the dependent needs is one of the primary functions of an effective marriage. The intimacy of the marital relationship should create a haven of emotional security, where both partners can relax completely, and if necessary, be helpless on occasion without feeling threatened or losing self-esteem. This, of course, is difficult if they are incapable of honestly expressing their needs; that is, neither partner should be required to play full-time superman, and neither partner should be helpless to the extent of denying the other's dependent needs.

To achieve such a state, they must know each other well enough to react to each other's needs. This is possible only if the mutual acceptance is on a realistic level, with an accurate knowledge of the strength and weaknesses of each other. All of the magical expectations of the early romantic love are then slowly replaced. They should both be capable of being effective adults most of the time; have a marginal leeway for feeling inadequate some of the time; be able temporarily to play a protective parental role. The knowledge that one can enjoy a fluctuation of capacity without being censored by the other affords them that innate strength needed for sustenance in times of stress.

If dependency is effectively excluded from the relationship, and both partners have to act like completely self-sufficient adults all the time, the purpose of the marriage is denied. If the man feels threatened in times of realistic stress (losing his job) and cannot turn for reassurance to his wife, the marriage does not serve as a source of personal security. If the wife cannot share her insecurities (about the raising of children) with her husband, and has to turn to her mother or personal friends, the marriage will build up increasing tensions. In other words, if dependencies cannot be found within the framework of marriage, they must be sought from other sources, and the cohesiveness of the relationship is bound to diminish.

FLIGHT IN MARRIAGE

The marriage is, in many ways, the testing-ground of healthy emotional expression. The effective handling of one's impulses is, therefore, of considerable importance in the attainment of an

effective relationship. Let us, therefore, examine the methods by which "instinctual" drives may find their fulfillment within the framework of marriage.

Sexuality. The capacity for adequate expression of sexual impulses is, of course, crucial to the marriage. The sexual difficulties which arise in marriage can be avoided, provided a healthy mutually dependent relationship is achieved. Honesty about and acceptance of the weaknesses implied in such a dependent relationship, tends to lessen sexual anxiety. A healthy personal relationship almost inevitably results in the relaxation necessary for adequate sexual fulfillment.

If neither partner feels threatened, on guard, defensive or hostile; if all of the childhood sexual inhibitions can be dissipated within such a relationship — the sexual impulse can reach adequate fulfillment. If neither partner has to use the sexual act for reassurance, prestige or domination; if they are both capable of accepting periods of temporary inhibition in the other — sexual difficulty will rarely become manifest.

Under these circumstances, it is possible for the man to reach adequate fulfillment without proving that he is a sexual hero and without comparing himself to mythical examples who never seem to tire. On the other hand, the woman can achieve her own fulfillment without dishonesty, and without using the frequency of relations as a barometer of her love. In such a relationship, the average woman's capacity for orgasmic achievement slowly increases as she breaks away from earlier childhood inhibitions and fears, and there is no need to pressure herself into a simulated heightened sexual activity. The man, on the other hand, begins slowly to experience less frequent desire. According to Kinsey's statistics, the average man and woman reach the same frequency of orgasm (the man going down, and the woman on her way up) approximately at the age of thirty-seven, at which point the frequency curve tends to follow identical downward paths.

Such a democracy in sexual relations then becomes a biological fact and an emotional meeting ground. It becomes something that two people work out together over a period of years, and which is meaningful for them — rather than a pattern derived from Hollywood, Balzac, or the marriage manual. It leads to a

fulfillment of the woman's genuine sexual and emotional needs, rather than to a travesty of the "equality of the sexes."

It is regrettable that many of the relationships in our culture are based on other than purely affectionate longings for each other — such as marriage for money, social position, professional prestige, etc. If any of these becomes a predominant basis for the relationship, it automatically disturbs the sexual relationship, because at the height of excitement and the complete abandon which is part of it, none of these values pertain. A man and woman take only themselves to bed, and from thereon, bank books, discussions, scientific knowledge or political awareness become extraneous. If in the middle of a purely emotional experience the individual needs his intellectuality, his money or his social position as a defense against anxiety, the sexual act automatically becomes inhibited.

Hostility. The hostilities which inevitably arise due to differences in background and values, or unresolved dependencies, should be capable of expression without excessive destruction to the marriage, to the marital partner, or to oneself. In order to accomplish this, both man and woman have to give up any illusions of the "perfect marriage." Any couple which attempts to run away from the inevitable differences of opinion or interests can only do so at the price of one becoming submissive to the wishes of the other.

If there is room for hostility, then it follows that reparation is possible. Too often, the couple that has decided that their marriage is going to be different, break up after the first real argument. It is likely that without the exposure of resentment, it will be impossible for the marital partners really to get to know each other, and hence to fulfill each other's needs. Minor issues then tend to become compounded, and many such a "perfect" couple has less stability than their more volatile neighbors.

Extramarital Sexual Impulses. Do the residues of the longing for the romantic chase ever really disappear? Probably not, and their frequent manifestations in the form of extramarital desires represent an important set of impulses to consider. The couple has to face the fact that the romantic chase is over. The most

fascinating game ever devised by the mind of man becomes incompatible with their strivings for an effective marriage. In order to do this, there must be a mutual acceptance of the fact that extramarital impulses may exist without feeling that the two are no longer in love with each other.

This is easier said than done, for monogamy was never intended for a society such as our own. Monogamy began in societies which had strong religious injunctions against infidelity and used every possible device to limit the temptations. Contrast the Chinese peasant dress, or the shaved head of the young Hebrew bride with the modern woman who, whether married or not, does all she can to heighten her charms. There seems to be little doubt that most people nowadays hope that the intensity of their love will protect them from extramarital sexual feelings, but frequently to no avail.

The denial of any romantic or extramarital strivings always carries with it either conscious guilt, or unconscious repressions, which cannot help but involve the marital sexual relationship as well. Such selectivity of inhibition is a difficult accomplishment and too frequently is accomplished only by profound inhibitions, or by progressive withdrawal from all normal social contact, where the provocations are continual. On the other hand, the acting out of the extramarital sexual impulses, clandestine or otherwise, almost invariably dilutes the closeness of the mutual dependency relationship, and may lead to divorce. If both can recognize that each has such feelings, and that they are under conscious control, it becomes possible to fulfill their earlier romantic strivings within the framework of healthy sociability. That is, the normal flirtatiousness and minor conquests which are part of every social gathering give ample opportunities for testing out the old desires. These can be shared and enjoyed together without the necessity of continually proving in the open market one's residual desirability in the romantic chase. While such a compromise is difficult in the framework of our monogamous culture, which at the same time induces free sexuality, it seems to be one of the few available compensations in this sensitive problem.

The inability to face the extramarital urge frequently has a disruptive effect on the marriage. When these feelings are repressed into the unconscious, they almost invariably are associated

with hostility to the marital partner. The man may feel that his wife is playing a potentially punishing role toward him for his thoughts of infidelity, and he may begin to resent her, just as he originally became hostile toward his mother for playing a similar role in inhibiting him. When such a man seeks extramarital affairs, he may do so in a punishing fashion toward his wife because of guilt and hostility. It then becomes a rebellious act, rather than a pleasurable interlude. On the other hand, he may be unable to accept this hostility, and live in constant preoccupation and terror about his sexual thoughts. When such a man comes to analysis, his sexual activities with his wife may be deteriorating; and he frequently has too little confidence for new affairs. When his confidence is restored, he may begin to feel emotionally equipped for his long desired extramarital adventures. However, he still has the hurdle of his wife's reactions to consider if he should be caught. Many men, under these circumstances, tentatively bring up the problem with their wives, and frequently the wife, dismayed by her husband's neurotic behavior, may say, "If that's all that is bothering you, go ahead and get it out of your system, but please don't become emotionally involved and don't let me know when you do it. I'll be hurt, but I'll live through it." More often than not, the man at this point, feeling free to act out his extramarital sexual impulses, and no longer in terror of punishment from his wife-mother, suddenly feels that the "heat is off" and decides that it really isn't necessary.

Complete sexual permissiveness for extramarital affairs is almost invariably a pose, and a heroic denial of any dependency. Such freedom is often unconsciously interpreted as a rejection, or an expression of mutual disinterest by both marital partners. This attempted self-sufficiency is usually incompatible with an effective marriage.

SELF-SUFFICIENCY IN MARRIAGE

The effective marital relationship, in the final analysis, offers the greatest degree of self-sufficiency and personal achievement. Once the dependent needs are fulfilled, both partners can operate from under a protective screen which allows full expression of impersonal strivings without seeking further dependency. The strengths of either need not threaten the partner, and special

talents or capacities can be utilized for the common good. They form a team, with a minimum of competition between themselves, in order to cope with the outer competitive world.

Responsibilities in the marital framework can be reasonably allocated, depending on the special talents and abilities of the individuals. They needn't both be expert and competitive with each other in all of their activities. They can allow themselves some variations in what is the "manly" or "womanly" thing to do.

An effective democracy can be established, based on differences in ability, biological and sociological factors, rather than a competitive "equality" in everything. Broad areas of major responsibility may be mapped out in which the woman does not necessarily have to compete with the man in earning a livelihood, where he may be in a more fortunate position to do so. On the other hand, the man may allocate the major financial outgoing control to the wife, if she is in a more strategic position to handle this end of the economic set-up.

They can begin to enjoy their intellectuality with each other without using it as an instrument of hostility and competitiveness, or as a means of ingratiation. The meeting of minds becomes a pleasurable interlude within the framework of a healthy emotional relationship.

The husband can maneuver in his business and competitive activities with a minimum of anxiety about his personal needs. He may still find it necessary to ingratiate himself with the boss, but he can do it on a conscious calculated level rather than from some basic unconscious, unfulfilled need. He may find it necessary to don his most impersonal, detached, competitive attitude in order to achieve success, but this is easier to maintain if he knows that he can drop it every evening.

For the man, the opportunity for the final resolution of his residual infantile dependencies arrives with the assumption of effective parenthood. He then finds himself in a position of responsibility and independence, which he has to cope with in order to maintain his marriage. If he fails, he exposes himself as an ineffectual person. This is a test he can meet most realistically if his adult dependent needs are fulfilled by his wife.

The problems of male paternity tend to be rather complex in our culture. The father is now expected to be more than the

breadwinner and disciplinarian he formerly was. All popular psychiatric literature has emphasized the democratic aspects of the father-child relationship, in an attempt to dissipate the childhood fears associated with the older patriarchy. The father who shares in the affectionate upbringing of his children steps out of his former role and begins to assume many formerly "maternal" functions. This raises problems in authority and leadership in the home, and opens new sources of conflicts. Despite these difficulties, the sense of sharing in the emotional development of the child offers many sources of gratification to the father.

In fact, there is reason to believe that such emotional participation is an excellent method for resolving his own residual dependencies, and for fulfilling his creative drives. It becomes an important technique for learning how to let down his own crust of defenses, since the child will react only to an honest display of emotion, and many a father has learned to be a healthy emotional human being only through contact with his own children.

For many a modern married couple, the introduction of children serves a useful purpose as a de-rationalizing force. The day-to-day care of children, the observations of their development, the concern about their bowels and their eating habits, all these offer a nucleus for mutual discussion on a note which they might have been incapable of achieving without parenthood. This common interest, highly charged emotionally, may quickly replace other more peripheral extraneous pursuits, and offers a cohesive emotional bond to the marriage.

Effective fatherhood is still an adjunct, however, to good maternal care, especially during the earliest years of the child's life. The most important function of the father, therefore, is to come into a good relationship with his wife. Only then can she turn to her children with the sense of security and that reservoir of good will which is so necessary for the developing child.

The problem of the woman's self-sufficiency and creativity in the marriage is much more complicated. She is often faced with the dilemma of children versus career. This is especially true for the woman who has special talents and proven capacities. Even if she is an adequately equipped person, she may have little choice

to make — she may get both or neither. If she fails to fulfill herself emotionally and sexually through motherhood, her creativity may suffer, and then she may become depressed because she has neither. If she decides to play the completely submissive wife and gives up her own capacities, she may find herself unable to achieve complete fulfillment, may become resentful at the limitation of her activities, and may bring unbearable tensions to her marriage. Frequently, only by fulfilling both can she achieve any stability. This is becoming easier under present cultural conditions.

If she must temporarily cease outside activities in order to have children, she too frequently falls into the trap of belittling her new position in life. This attitude may be encouraged by the husband, who presses his creative wife to assume the maternal role, pays lip service to parenthood, and then unconsciously treats the unattached creative women in the environment with greater interest and respect.

In our culture, there is probably no task more difficult, and even more creative, than raising effective children. It is a career in which not too many succeed, for reasons not necessarily of their own making. *It probably takes more endurance, more patience, more intelligence, more healthy emotion, to raise a decent happy human being than to be an atomic physicist, a politician or a psychiatrist.*

All the books in the world cannot replace the need for the healthy, spontaneous interplay between mother and child. The task is much easier if the mother doesn't attempt to raise the "perfect child," or to attain the perfect mother-child relationship.

The modern woman frequently comes to her maternal role completely unprepared for motherhood, as would normally be expected under the circumstances. Everybody reassures her in advance that once she has the child, she'll be "wild" about it. When she comes out of the anesthesia and looks at her newborn infant, she may become frightened. Where is her maternal instinct? She feels guilty, tries to cover up her sense of guilt by raving about her child and telling everybody how much she loves it. Nobody has bothered to tell her that in the early months of infancy, the child is hardly more than a burden and a nuisance. She turns to the books on infant care, and they tell her all will be well if she loves the child sufficiently — which makes her feel even

guiltier. Nobody informs her that she has a right to resent the child too, because he has disrupted her life in many ways.

The modern woman has few children, so each one is required to be "perfect." Anything that goes wrong is naturally her fault. If she has read a book on psychoanalysis, she cannot take refuge in the religious concept that her child was just "born bad." If she becomes upset because the child is reaching for the open gas range, she is not allowed to berate or spank him. She must always control her emotions and maintain a "democratic" relationship with her progeny. Since nobody tells her how to control her emotions, she uses intellectual gyrations as a disciplinary means, rather than healthy emotional outbursts. This only proves a subtle form of torture for the child. Resentments mount up, and spontaneous affection diminishes. The relationship between mother and child takes on an unhealthy blandness. It is unhealthy because it isn't spontaneous and natural.

The modern mother isn't supposed to inhibit her children sexually. So the children have a good time for a few years, but sooner or later she has to do it anyhow. This inhibition is more devastating because of its inconsistency. The mother is warned against overprotecting her child; she may be fostering "momism." "Let him work it out for himself." What normal affection is present is inhibited, and the child feels rejected and unwanted. The mother is warned not to beat down her child, not to inhibit him, but nobody tells her how to run her household without anarchy unless the child is forced to toe the line occasionally.

The "rights of infants" have received so much attention in recent years that most modern parents are in full retreat. In many ways, the classical Oedipus situation is now in reverse, and while the child may no longer fear that his father will castrate him, many a modern father cannot disrobe before his children for fear that they will grab at his genitals.

The problems of modern child-raising become increasingly complex. However, the modern woman is encouraged to send her child to a nursery at an early age. There, presumably, all the problems will be solved. She then goes back to work, and begins to save her money for a child analyst.

All these problems need not exist if she has a healthy relationship with her husband, who is willing to share the co-parenthood.

They need not exist if parents do not feel impelled to use their "perfect child" as an instrument of social competition. This "perfect child" really cannot be described, because we don't know what he is to be prepared for, years from now. Nobody knows what our cultural standards will be in the future; so the most a mother can do is her best, utilizing all possible sources of information, which should be screened by her own innate feelings and experience, and always retaining her integrity as a human being. The best she has within herself is far superior to a shadowy, detached relationship in which she might try to be the perfect mother according to the book of the season.

No discussion of self-sufficiency and independence in marriage would be complete without including the factor of responsibility. No human relationship exists which does not carry along with it unpleasant duties, obligations, etc. In former years, religious forces and social traditions made the assumption of such responsibility a moral duty. In recent years, the concept of performance of duty for duty's sake has been belittled as out of keeping with the liberation of mankind. This attitude is justifiable, but care should be taken that the pendulum does not swing toward chaos. If every action has to be exclusively determined by honest desire, it is difficult to build a framework for living. Some of the healthiest and most gratifying relationships are built about inescapable responsibility, such as caring for a child and being literally forced to cater to its needs, even when the desire may be temporarily lacking. It is difficult to sustain a marital relationship if attitudes of responsibility are lacking during troublesome periods. It is simple to get a divorce and start over again, but the waste of time and energy mounts with multiple relationships.

The concept of acting decently because it is the "correct thing to do" has become old-fashioned; and many a man has to debate each morning whether or not to kiss his wife good-bye, depending on his impulse at the moment. If people choose to become introspective each time they confront a task, life becomes filled with anarchy. If a man has to search his soul every time his wife asks him if he loves her, the marriage follows the stock market curve. Unfortunately at the present time no definite standards of responsibility can be outlined. So each couple must find some

compromise between the restraints of blind duty and the gyrations of intellectual honesty.

An idealized picture of what a marriage should be is obviously difficult for most people to attain under present cultural conditions. Many changes which make it difficult for the individual to maintain his sense of emotional security are occurring simultaneously. The attainment of effective human relationships is worth striving toward, if only because the alternatives seem so pathetic. At the same time, we cannot stand still while the structure of the family and society collapses. The goal of future democracy must begin in the home, in the developing children, and in our capacity to produce new citizens who are not too frightened, too dependent, or too detached from their fellow human beings. Our responsibility rests on them.

There are many cross-currents now buffeting the modern marriage. Suggestions come from all directions, as panic grows and people become increasingly insecure. Let us try to appraise some of these recent trends.

Chapter XIII

SEXUAL REVOLUTION OR CATASTROPHIC RETREAT

THE recent liberation of woman and the fulfillment of her sexuality constitute the greatest psychological and sociological change which has occurred in Western society since its inception. After being held down for so long, after being condemned to a very meager intellectual and creative place, she has now emerged into a role of relative dignity as an equal partner in the human corporation.

Her hard-won gains, however, are not yet firmly entrenched. Unfortunately the modern woman is now being forced to fight the battle all over again.

Religious influences, popular psychiatric literature, political propaganda from the more authoritarian regimes — all insist that she has overreached herself. Should she go back? If so, can she go back? And if she can, back to what? What causes her contemporaries to shout her down and object to the full use of her sexuality and her intellect?

It would appear that any human being who enjoys the prospect for free endeavor would automatically confer the same opportunities on his fellow being. Yet, female sexuality is qualified in the following fashion by Dr. Deutsch, who writes in *Psychology of Women*: "Woman's sexual goals are dangerous for her ego because they are masochistic in character. . . . The value of woman lies in the good management of the irrational component of her psyche."

To regard the "female character," as it evolved under Hebrew-Christian influence, as anything else but a cultural result is equivalent to condemning all minority groups to whatever status they find themselves in, at any given time. It would be idle to assert that any powerful change in human behavior slides into place without encumbrances. Every writer of worth who witnesses a

reshuffling of values accepts its concomitant hardship. Even the compassionate conventionalist as drawn by Hugo in *Les Misérables* declared himself in the following manner: "Yes, the brutalities of Progress are called revolutions. When they are over, this is recognized: that the human race has been harshly treated, but that it has advanced."

Yes, it is true that the attainment of female orgasm in Western society was attended with considerable confusion, trial and error, and heartbreak. Moreover, her orgasm is as yet not universally attained; but what is of even greater importance is that the concept as such is accepted as the premise of woman's role in sexuality.

It is not our intention to defend blindly the recent changes in the female status, or to gloss over the complexities of modern existence. But only by careful dissection will it be possible to separate the diseased tissue from the healthy growth, in order to heal rather than to amputate.

Before we begin to explore the problems of the modern woman, we must first pay our respects to the positive gains which changes in her status have effected. Unfortunately, her present vulnerable position opens her to attack from many sources — all of which criticism has enough of a grain of truth to appeal to those who would like to go backward totally, on all fronts, simultaneously.

Let us begin, therefore, to appraise some of her hardships, and to seek those solutions which are possible without returning to the past. The basic problem of her difficulties may be best approached from a study of her most intimate and crucial relationship — that with her sexual partner.

PROBLEMS OF THE MODERN WOMAN

The outstanding failure of the modern woman is two-fold, largely because it is a matter of "both sides of the coin." She frequently not only fails to fulfill her own emotional needs, but at the same time threatens the sense of security of the male.

Unwittingly catapulted into the impossible position of achieving those aims laid down by the feminist proponents, she has frequently overreached herself and lost many of the advantages of her more conservative ancestors — that is, the assurance and stability of marriage; fulfillment of the maternal role; and fixed patterns of social and domestic responsibility.

Confused by what was originally a worth-while social objective, she has attempted to attain a degree of competitive equality with men for which she had no preparation, and which contained the seeds of potential failure.

She has been expected to reach a point of sexual liberation and equality under almost impossible conditions. Inevitably exposed to all of the childhood and adolescent repressions of our culture, she still expects from herself and her sexual partner a state of fulfillment which is well-nigh impossible without adequate preparation.

There are many reasons for her sexual failure. In the first place, she cannot possibly come to her initial adult sexual experiences with the same orgasmic capacity as the male. The man develops a well-established pattern early in adolescence on an almost reflex automatic level — the woman usually has to “learn” to have vaginal orgasm. It is almost inevitable, therefore, that her early experiences be failures.

While she frequently prepares for future adult activities by childhood masturbation or heavy sexual play in adolescence, none of these has any correlation with her performance in actual sexual intercourse. Her preliminary adventures cannot completely prepare her, because the female sexual performance at any one time is always determined by the particular emotional setting and nature of her partner. Thus, one girl may be completely aroused by premarital play, and fail in the sexual relations of marriage; conversely, her friend who was considered “cold” by all the boys, may enter marriage and attain complete fulfillment almost from the beginning.

Not only are her premarital sexual experiences no preparation for marriage, they frequently make it more difficult for her. For, if she falls in love with her lover and is rejected, she is certainly no better prepared for a future loving experience. If she finds him inadequate and rejects him, her sexual memory may fill her with humiliation, guilt or a sense of inadequacy. Certainly, a multiplicity of premarital adventures is no assured preparation for her crucial role in a long-range relationship. If she has learned to take her sexual role in a completely detached and impersonal fashion, she is probably even worse off.

There appears to be no substitute for the marital role except

within the relationship itself. This carries a high risk for the woman since even the most adequate courtship with fullest sexual activities is hardly a barometer of the realistic marital relationship which follows. The courtship has none of the responsibility, social values, parental roles of marriage, and is inevitably associated with the chase which quickly disappears from the marriage. If the woman runs into sexual difficulty in her marriage, she is faced with many dilemmas. Would she have done better with another man? She is led to believe so from Dickinson's dictum: "It takes two persons to make one frigid woman."

If she has had previous experience with some gratification which is now wanting, she really is in trouble and feels her frustration all the more keenly because she can now make comparisons. If she hasn't, then she can only find out by trying, with all the social and emotional risks involved. Pleasurable extra-marital adventures carry no guarantee that they will not deteriorate once again within the new marital framework. In other words, only by working out an adequate sexual relationship within her current relationship, can she enjoy any expectation of continued fulfillment of her orgasmic capacity.

It appears then that for the female to seek sexual equality is meaningless when the emotional setting is so much more crucial for her. "Equality" is all the more meaningless when one realizes that once she establishes a healthy sexual pattern, her capacity is superior to her husband's.

If the modern woman assumes attitudes of sexual liberation outside of marriage, she encounters other difficulties. She frequently comes into contact with men who are only too willing to play her game — that is, enter a relationship in which personal responsibilities are ruled out. She is treated as an equal, but without any rights or privileges. It is required that she be without demands; she is not to act helpless; and she is to behave like a tower of strength. If her own needs for a more permanent relationship are expressed, she may be left empty-handed.

The woman who has attained a marked degree of sexual and intellectual achievement faces many problems. In order to prepare herself for her career, she frequently defers marriage. When she attains her goals, she may find that the emotionally prepared

men have already married. She then discovers that her male contacts are a curious assortment.

There are the schizoid individuals who have been in and out of many affairs, but who have managed to escape when emotional commitments are in order. And there are those conservative men who are too mid-Victorian in their attitudes for her taste, and tend to deride her for her freedom and capabilities, while they eventually go off and marry helpless females in whom they see no threat.

Then there are those men who are inadequate in their own right, and look to her for emotional and financial support — or the older men who are very dependent and insecure, and have been scarred by recurrent failures and divorces.

Finally, there are the “financial successes” who know all the answers, have been spoiled and chased by many women, and from whom there is no hope of emotional support. They are so used to their exalted position that they refuse to admit any weaknesses, defects or dependent longings within themselves, and refuse to recognize them in their companions.

The liberated woman comes more and more into contact with men who already have fixed patterns of behavior. They may very likely resent her competence, while utilizing its benefits for their own needs. When she acts in a healthy dependent fashion, or expects reasonable attitudes of responsibility, she may be labeled a “castrating” female or a scheming woman. If she makes it obvious that she would like to marry the man, she runs the risk of being regarded as either too aggressive or too old-fashioned.

Such a liberated woman may literally be crushed in her desire to seek out healthy emotional relationships in our society at the present time. Even if her own attitudes remain healthy, she is constantly exposed to traumatic experiences in which she is rejected and potentially humiliated. “Equality” without responsibility remains an empty slogan, for too often it may mean equality to lead an unfulfilled and detached existence.

When in her dilemma she resorts to professional guidance, she may be advised to give up her hopes of equality. Recent writers, like Farnham and Deutsch, urge her to think of sexual enjoyment only in terms of motherhood, and insist that no true sexual fulfillment is possible for the woman except under these circum-

stances. They practically accuse her of denying her basic femininity, of challenging the masculine prerogative if she enjoys an orgasm for its own sake. In a popular article, Dr. Farnham cautions her in the following terms: "Until these millions of unhappy creatures stop 'masculinizing' their lives and begin to fulfill their traditional feminine functions, they will continue to spread havoc among the nurseries, homes, and communities of America."

This recommended retrenchment of the woman's position, which is so similar to the classical religious injunctions, is obviously unsatisfactory to the modern woman who too recently learned to share the sexual experience. Nor can the modern woman accept the accusation of having "masculine drives" and "penis envy" because she developed the capacity for achieving an orgasm independent of her maternal drives.

The modern woman has been encouraged to play a role other than that of a helpless or secondary nature, and is determined to sustain it. The modern woman would like to combine the best features of femininity and intellectuality. There is no reason to believe that such a combination is an incompatible one, provided the intellect is not used to deny genuine emotional expression.

Unfortunately, too many women interpret "intellectuality" in terms of aping the unattainable masculine ideal of strength, detachment and lack of emotionality. Such a pose then means a full-time intellectual effort, in which the badge of intelligence has to be worn twenty-four hours a day or the woman will be accused of being "just another emotional woman." It is also unfortunately true that the men who are attracted to such a female are so because they too are afraid of their own emotions. A comedy of errors is then enacted. The battle of the sexes is perpetuated, with both sides trying to cover up their apparent "weaknesses" by a gallant show of pride. The implication has always been that the "smart" one is less emotional, that emotionality is an exclusive feminine attribute, and that dependency belongs solely to the women. As women attempt to shift their roles toward the masculine ideal, they discover that they can do it no more successfully than the men could (without ulcers, alcohol, religion or Fascism). This discovery is frequently a painful one, especially if it comes too late to salvage an effective life situation.

On the other hand, it would be equally devastating to follow Farnham's advice, and completely reject intellectuality as belonging exclusively in the domain of men.

Dr. Helene Deutsch, who expounds a similar point of view writes:

"Woman's intellectuality is to a large extent paid for by the loss of valuable feminine qualities: it feeds on the sap of the effective life and results in impoverishment of this life either as a whole or in specific emotional qualities. . . . All observations point to the fact that the intellectual woman is masculinized; in her, warm intuitive knowledge has yielded to cold unproductive thinking."

But if a woman follows such advice, and rejects her intellectuality, and the husband is at the same time excluded from her feminine sphere of intuition, where do the marital partners make contact? In bed, and then perhaps only for the purpose of having children?

The modern woman is expected to "fall in love" in her sexual and marital relationship — with all of the idealization of her partner intrinsic to such an emotional state. As an intelligent and realistic person, she may find it difficult to maintain such an illusion without deflating her own image, or overinflating that of the man. Such a state of affairs always leads to conflict. It almost invariably results in a secondary contempt for the disappointing hero, whose normal weaknesses quickly become apparent. It was much easier for the woman to fall in love when she was helpless, dependent and sexually inhibited.

The difficulties of the modern woman seem at times almost insuperable. The pressure for her retreat is now coming from all directions. With the present balance of forces, it is difficult to maintain the modern "democratic ideal" between the sexes. Too often, she is forced to play a completely submissive role or to take over leadership herself. Neither is compatible with an effective long-range relationship, for reasons we have already discussed. Before we can discuss her problems further, it becomes important to examine her partner, the modern man. She cannot function in a sexual vacuum, and it is fitting at this point to introduce her mate. Before she can strike any new emotional atti-

tude, she has to have some inner psychic awareness of the impact of her present attitude on an equally responsive partner, the modern man.

PROBLEMS OF THE MODERN MAN

The modern man is peculiarly ill at ease in his own "man's world." Many of his old props are collapsing. Compared with his patriarchal ancestors, he no longer has his comforting religious convictions, his devoted and loyal wife and children, and complete confidence in his own particular politico-economic system. There is increasingly less room for personal initiative. There are fewer new frontiers to explore, even while at the same time he faces new and greater personal responsibilities. More than ever, he is an isolated individual, harried by unprecedented demands on his intelligence and self-sufficiency. Although the political and socio-economic aspects of his problems are beyond the scope of this book, let us examine the modern man in relation to his role in marriage.

The modern man faces a host of new sexual problems. He still receives the same early sexual conditioning as his ancestors, but now faces a world in which his potentiality for failure and shattering of self-esteem in adult life is increased many times. Nobody expected his grandfather to be "sexually mature" after his early childhood conditioning. But modern man literally lives in a sexual goldfish bowl, where he is constantly up for appraisal. His girl friend has usually read the latest psychiatric book on sexual behavior, in which practically anything he does is called "infantile"; his friends openly discuss frequency and duration of the sexual act; his family ridicules him if he escorts an unattractive female; and for years, he has heard the older females mocking the sexual prowess of their husbands. There is a constant aura of jokes about male sexual inadequacy in the atmosphere. Haunted by his dwindling stature, he may look for help to the marriage manuals, where he is reminded once again that it is his responsibility to satisfy his wife; that there are a multitude of positions he should know; that he and his wife should always have simultaneous orgasms, or love will disappear, marital difficulties ensue, and his wife have a nervous breakdown.

It would be an error to assume that these attitudes are restricted

to the book-reading public. Identical attitudes are found in many married couples who never owned a book. Word of mouth, movies, jokes, etc., serve as excellent media of transmission, and all social and intellectual levels seem to act almost unconsciously with very similar sexual goals.

The accumulated efforts of the romanticists and feminists of the nineteenth century, culminating in the works of Havelock Ellis and others, fill the marriage manuals and place a great responsibility upon the modern man—even as they crush any residual sexual aggressiveness within him. He is exposed to such standards as the following:

"If a man cannot afford distinct and different pleasures to the woman he has made his wife, on two successive nights—he has married too soon." (Balzac, as quoted by Van der Velde)

"The thought that the defect and the failure might be on his side, that he himself might have prevented the alienation which he truly deplores—this enlightening and humbling truth never dawns upon him!" (Van der Velde)

"A man must never permit himself the pleasure with his wife which he has not the skill to make her desire." (Balzac, quoted by Hannah and Abraham Stone, and other marriage manuals)

The more the insecure man looks for advice, the more frightened he becomes at these challenges. For even if he should succeed in accomplishing a common orgasmic experience with his wife, he cannot stop there, relax, and go to sleep. His wife may be waiting for the "after-glow," described by Van der Velde as follows:

"At the conclusion of sexual union or communion, begins the *after-glow*, the epilogue, which may, however, be completely omitted by couples who do not truly understand or feel love for one another. In such cases, having attained satisfaction, both man and woman turn away from each other, if only for a time. But when love is both intensely passionate and delicately considerate, such after-play becomes an important phase of sexual life; it is all too often ignored or neglected in ordinary married life today. In *Ideal Marriage* it must attain full recognition and appreciation. . . . It is not possible to set a definite time limit to this epilogue. It dies away like the final chords of a melody."

The modern man on the whole received the same early childhood conditioning to sex as his mid-Victorian grandfather or medieval ancestor. While he has an entirely new constellation of forces to reckon with, he still is expected — and thus expects himself — to fulfill, more or less, the same type of dominant, patriarchal role. This is literally impossible because the earlier dominant male role was essentially an illusory one, maintained only by the politico-religious forces of the time and the relative subjugation of women.

His early sexual relationships nowadays are frequently failures in terms of heightening his sexual self-esteem. These attempts are almost invariably with more experienced females, who are a great challenge for him. Even if he should succeed with these, he has still not found the full confidence which is necessary for a long-range relationship. The fact that he can perform well in a mechanical or impersonal relationship, or with a maternal and more experienced older female, has no correlation with his ability in a future marital experience.

His future relationships are usually with women who are his equals in many respects — intellectually, economically, creatively, and who in sexual experience and capacity may even be his superiors. If in such a relationship, the man expects to enjoy the position of his grandfather (or even his father) with his wife, he is sadly disappointed. If he goes in to do battle with her, and attempts to deflate her position as compared with his, he may come out the loser.

It is little wonder, therefore, that the modern man so frequently gives up the battle, remains unmarried, or attempts to fulfill his emotional and sexual needs with other men, with varying degrees of unconscious homosexual feelings.

The man may attempt to resolve this dilemma by returning completely to the earlier patriarchal pattern; by coming into contact only with helpless, virginal females — where by comparison his own limited sexual confidence will be sufficient, where he may feel that he can do no wrong, since the woman doesn't know any better. If he pursues such a female in his youth, the courtship is usually a long one, culminates in marriage — and for the rest of his life, he wonders how he would have done with the other more experienced, sexually responsive girls. Such a

marital relationship is almost invariably associated with some degree of deflated confidence, and envy of other men who have had premarital and extramarital sexual experience. On the other hand, if he waits until he reaches maturity, has made a fortune, and has had many affairs before finding such an inhibited female, he may run into other problems. His wife may be impossibly frigid and completely uncooperative, rejecting him entirely. In time, he discovers that such a frightened female may make even more sexual demands than her more mature sister, and expects a kind of fulfillment from him which no man could possibly offer. He may find his heroic role a bit uncomfortable, his own dependent needs utterly rejected, as his wife attempts to find her salvation through him. At such a point, the man might appreciate a more self-sufficient wife, but the pattern is usually irreversibly established.

If he tries to relax, give up his heroic façade, admit some of his sexual inadequacies, and fulfill some of his dependent needs, he is badgered from both sides of the "feminist front." The more aggressive woman will move in, take over many of his responsibilities, and he then feels rejected or humiliated. The so-called feminine women, the great "mothers," will treat him even more shabbily. Recent experts in feminine psychology, like Farnham and Deutsch, insist that dependency, "softness" and intuition belong to women, and that competitiveness and intellectuality are the distinctly masculine prerogatives.

Dr. Farnham in her discussion of men states: "By nature, men's special sphere has always been that of exploitation. Typically, though not always, he is aggressive, self-assertive and adventurous. Of tougher grain and simpler structure, he is better able to thrive on competition than a woman, who has a vastly more complex nervous system. The special genius of woman has always been that of nurture, for which man has no talent whatever." It is almost as if she were talking about two distinct species of animal.

Helene Deutsch also insists that the women have a vested interest in dependency: "The theory that I have long supported — according to which femininity is largely associated with passivity and masochism — has been confirmed in the course of years of clinical observation." In fact, if a man in the hands of such a

woman had any sensitivity, he might find himself accused of unconscious homosexuality: "But a sensitive, intuitive man probably has a strong feminine component in his entire personality. This seems particularly true of artistically gifted men and of those whose professions require psychologic understanding of other people. It has rightly been stressed that literary works written by men often reveal deep psychological understanding of the feminine soul. These men obviously used the sublimated forces of their own femininity for a successful identification with women."

In other words, the "new" orientation of the modern passive women, who have only contempt for their careerist sisters, would insist that the men return to their suits of shining armor, go out into the world and compete or fight wars, while the women live in blissful submissiveness at home, surrounded by their children.

This puts the man on the spot. The aggressive women who believe in "equality" deflate his self-esteem; the soft-dependent "intuitive" women attempt to place him in a self-sufficient role which he cannot possibly maintain under present cultural conditions. The latter type of female, who embraces motherhood and dependency as her "exclusive" sexual function, may even shut him out of effective parenthood. Deutsch warns her female readers not to draw their husbands into the sphere of motherhood: "Many women solve these difficulties by drawing their husbands into the field of their motherly activities. Naturally, the husband must have a large amount of feminine readiness in order to agree to this emotional proposal of his wife's. Many marital conflicts, brutality in the husband toward the wife, excessive drinking and extramarital love affairs, on his part, originate in the fact that the husband feels threatened in his masculinity by his wife's demands and begins to avoid his home."

All of this becomes very confusing to the modern man. If he is ever emotional, soft or dependent, he is accused of unconscious homosexuality; if he is aggressive and competitive, the marriage manuals accuse him of wrecking his marriage by brutality and indifference to his wife's welfare.

Too often the modern man kills the goose that lays the golden eggs. He has been so conditioned to "equality" that he rejects the woman who honestly expresses her needs for him, failing to recognize that only such an "emotional" woman is also capable

of allowing him in turn to become dependent on her. He learns that the woman who fails to become dependent on him may also reject his dependent needs—or may have huge “unexpressed” dependent needs that he can only fulfill by being a mind reader.

Another insuperable problem which the modern man frequently attempts to handle is how to participate in sexual experiences without becoming “emotionally involved.” Nobody seems to have found the appropriate formula, even though it is a frequent goal of the modern man and woman. A mutually pleasurable orgasmic experience is always profoundly emotionally charged. As such, it always implies needing the other person for its fulfillment. Too frequently, this is consciously denied in an attempt to remain self-sufficient and independent, and the nature of the dependent need becomes manifest only after the relationship is terminated and perhaps irretrievable.

All of this compounds confusion beyond all limits, and increases the modern battle of the sexes—which is coming close to its climax at the present time. Whether it can get any worse than it is now, nobody knows. There are indications in the air, however, that the situation is improving somewhat. Straws in the wind, perhaps, but hopeful nonetheless.

There seems to be genuine alarm about the increasing divorce rate (which has begun to decline in the past year). More people seem to recognize that emotional difficulties may be the basis of this problem—and there is increasing awareness that a marital change may not always be for the better, that the mistakes tend to be repetitive. Religious leaders, birth control groups—all seem to be pitching into the problem on a more practical psychiatric level. One rarely hears talk nowadays of trial marriages, common law marriages, etc., which were so common in the 1920's. Even some of the former bohemian elements now are strongly concerned with the social responsibilities of long-range sexual relationships, especially in association with parenthood.

Extramarital infidelity, while it probably has not decreased, no longer carries the prestige or permissiveness it did in former years. More and more, it seems to carry an implication of weakness rather than strength, as something to be less proud of. Fewer people seem to be convinced that they can enjoy all of the benefits of a marital relationship with none of its restrictions.

With these changes, there has been a rapidly increasing birth rate, with an increasing sense of responsibility of the parents toward the emotional well-being of the child. Many new types of agencies and sources of information are now available to the harried parent. There is a tremendous surge of interest in doing a good job at parenthood, in which the husbands seem to be willing to share to a much greater degree (despite Dr. Deutsch's warnings). It is doubtful that this trend will be reversed by the recent writings on the subject.

On all social levels, there seems to be a greater permissiveness toward earlier marriage, long before the man is economically prepared. This trend was undoubtedly hastened by the war, and subsequent veteran benefits for schooling. But with it has come the recognition that the man need not be a self-sufficient person before he undertakes a marriage, and that building together may be a cohesive factor in marital happiness.

In addition, parents seem to be increasingly willing to help their children off to such an earlier start in marital life. This trend probably received its greatest boost during the depression of the 1930's, when so many young people had no other alternative but to marry before the man was economically self-sufficient.

The modern woman is learning to accept the changing values in man-woman relationships. The realization is slowly sinking in that her romantic illusion of the dominant male figure is a myth—a carry-over from her childish dreams, or a residue from the patriarchal days when the men were "strong" only because they had the women underfoot. She is learning that the male dependent needs are as great as her own, and their apparently greater self-sufficiency is often maintained only by detachment. The type of self-sufficient male that she had been seeking too often turned out to be a two-dimensional cardboard figure who fell apart in a crisis, while his "emotional," dependent wife came to the rescue.

Women seem to be slowly becoming aware of these facts. The shy, insecure Gary Coopers and James Stewarts are now competing in popularity with the brash, confident Clark Gables. The modern teen-ager swoons over Frank Sinatra, and cannot understand what her mother saw in Rudolph Valentino. Women ap-

parently are slowly coming to recognize that the romantic heroes of the old days cannot be found in daily life. The recent war, with its many psychoneurotic breakdowns among men, has undoubtedly hastened this awareness.

With these changes, there has been an increasing realistic acceptance of the different roles of the sexes. Unlike and contrary to the first post world war period, this time there has been no swing toward masculinizing the female dress. Female functions in motherhood and homemaking have taken on genuine interest. Raising a child and organizing a household have been given an intellectual dignity they lacked in the past. At the same time, there is little tendency to consider these her exclusive domain. She can also compete with men on an intellectual-economic level outside the home without denying her femininity, and without the feeling that she has to deny her appearance, her charm, or her sexuality in the process. An increasing number of women seem to be able to combine both types of activities without too great difficulty, and without unduly challenging the masculine role.

Men, on the other hand, seem to be more capable of sharing in household duties and caring for the children, without feeling that they are disgracing their masculinity. In fact, the rearing of children seems to fulfill many of their emotional needs. The artificial separations between the functions of the two sexes are slowly being undone, even while the biological sexual differences are being accepted realistically. This process of acceptance will undoubtedly be hastened by Kinsey's study, which for the first time presents a realistic picture of the difference in sexual patterns between male and female.

There is hope that both are willing to accept each other as human beings with all the pride and weakness implied in the phrase. *For the fact is that neither side has any premium on strength or resourcefulness — and both have many moments of profound inadequacy when they need each other desperately. Without such mutual aid, they may both collapse.*

Unfortunately the conflict between the sexes is one for which neither side appears to be adequately equipped, and in which there can be no winners. Temporary victories in the struggle

never enhance the self-esteem of either, and rarely result in gains which will achieve either an adequate framework for living, or consistent emotional security. The conflict is almost invariably based on a multitude of factors — biological, psychological and cultural — which resolve themselves into a failure to achieve an ultimate goal of effective living.

Only when neither side has to be artificially sustained on bottom or on top all of the time, will the hard-won gains of the modern man and woman be capable of consolidation — without seeking a temporary false security in a harried flight to the medieval past.

The race is on. Can the positive gains of liberation be consolidated on a healthy level, before they are wiped away completely? It seems to us that there can be no turning back of the clock. A dream which is so close to realization cannot remain unfulfilled without an inevitable nightmare.

Part Three

SPECIAL APPLICATIONS OF PSYCHOANALYTIC THEORY

Introduction

HAVING concluded our survey of the basic principles of psychoanalysis and their application to the problems of modern sexuality, let us now turn to some of the special applications of psychoanalytic theory. The problems of hostility, psychosomatic disorders, creativity, the war neurosis — all are of considerable importance, though not of universal interest. Accordingly we have reserved these chapters for the final section and will conclude with a review of the therapeutic value of psychoanalysis.

Chapter XIV

HOSTILITY, AGGRESSION, SELF-ASSERTION

WHAT is hostility? Is it an instinct? At one time, Freud described it as a distortion of the sexual instinct or a component part of it. He later changed his mind, separated it from sexual drives, and placed it in another category — the death instinct. He was almost forced to this conclusion because analysts found it everywhere — in the *ego*, in the *id*, and in the *superego*. They found it on the *oral* level, on the *anal* level, and on the *genital* level. It was discovered in every human relationship, in success as well as in failure. It was considered a cause of anxiety as well as a defense against it. It was found in every form of psychoneurosis — whether expressed too little or too much.

It was encountered in the earliest infantile situations — in the attitude of the child toward the mother's breast; in the competition between brothers and sisters for parental love; in the clumsy maneuvers of the child asking for affection; in the infant's toilet training and education; in sexual conditioning, and everywhere else.

While hostility as a characterological manifestation is widespread, when we examine its development by our psychodynamic system, it becomes apparent that it is not primary in itself but originates from a specific breakdown in adaptation. Let us therefore examine hostility in the light of our psychodynamic scheme.

HOSTILITY RESULTING FROM FLIGHT

Most cultures, including our own, encourage the suppression of childhood aggression in order to increase submissiveness. As was previously explained, when a parent punishes the child for demonstrations of hostility, it often forces him to retreat to submissiveness to fulfill his needs. This submissiveness retards the

development of self-sufficiency, and results in a spiraling perpetuation of dependency. When these dependent needs fail to be satisfied, hostility results.

It becomes obvious then, that repressed aggression gives rise to hostility because it cripples competition, sexual activity, creativity and self-reliance; that hostile reactions become identified with punishment and parental disfavor, producing feelings of guilt each time they arise. Thus, the individual, disarmed of his hostility by feelings of guilt, finds that natural reactions of hostility, which are part of normal relationships, assume massive proportions because of this inability to translate them into meaningful action.

It is clear that there is no human relationship or activity in which differences of opinion, value or competition do not arise. If the individual has to suppress these feelings as hostile, and therefore feels guilty, the spontaneity of the relationship is destroyed. Normal relationships are always associated with differences of one kind or another. The "perfect" marriage, friendship, or parent-child relationship probably does not exist. On examination, those that are deemed "perfect" always reveal one partner to be submissive and, therefore, unconsciously hostile. In extreme cases, those people who are afraid of their own hostility have to withdraw from all activities and from human relationships. Those people who are so "good" that they never become hostile, do so at the price of withdrawing from relationships the moment hostility threatens to manifest itself. They are therefore in constant retreat. Or, even worse, they may remain in the relationship and unconsciously try to destroy their partner by indirect manifestations of hostility while they innocently protest their undying affection.

The suppression of hostility is an important factor in promoting ineffectuality which, in turn, produces even more hostility. Therefore, when a clumsy child, because of limited coordination, scratches his parent when he attempts to kiss her; when a mother, out of sheer inadequacy, hurts her children; when a drowning man, out of helplessness and panic, drags down his rescuers — to regard these actions as "hostile" and interpret them as such to the individual can only produce guilt, increase ineffectuality, and subsequently give rise to more hostility.

The dreams of such ineffectual individuals are frequently filled with catastrophe involving loved ones. The frightened, insecure mother may dream that her child is dying; the inadequate husband may dream that his wife is leaving him. Is it right to interpret this always as a hostile wish fulfillment? Can such ineffectual people help having catastrophic dreams? They are completely incapable of expressing their hostile feelings in the course of daily living, and so are in constant terror that their own ineffectuality makes them unworthy and incapable of maintaining adequate love relationships. It seems simpler and more therapeutically meaningful to assume that such a frightened person may have a death dream as the result of a fear that his own sense of inadequacy is apt to be destructive to his relationships. This type of interpretation lessens guilt, spurs the patient to a normal expression of resentment, and therefore encourages greater effectiveness in daily life.

If we are to assume that every concern for a loved one is associated with hostile death wishes, then all affection must be tinged with hate (*ambivalence*). While this may be true, and there is considerable evidence to substantiate it, there are probably other mechanisms in operation at the same time. Prominent among these is the fear of dependent people that they will lose their loved ones — a fear that grows until life becomes filled with terror for them.

In relation to parental love, we concur with Helene Deutsch when she disagrees that maternal overprotection is *always* compensatory to unconscious hostility.

To quote: "There is a longing, together with a deep-rooted fear of loss, that springs from the positive sources of maternal love. Overprotection can therefore also serve as a defense mechanism in avoiding separation."

Before leaving the question of unconscious hostility, it might be worth considering the fact that every culture sets up elaborate mechanisms for the discharge of these pent-up hostilities through a variety of institutions. War, public executions, athletic rivalries, and similar activities may serve to channelize residual hostilities into mass action in which no one individual need feel too guilty.

HOSTILITY RESULTING FROM SELF-SUFFICIENCY;
INDEPENDENCE; RAGE

This type of hostility is a normal defense mechanism against anxiety when the individual feels confident of his own capacities for mobilization. It is always associated with heightened self-esteem and a minimum of flight and dependency. It is a necessary component of the psychic life of the well-adjusted individual in a highly competitive society. This type of hostile expression, or aggressive self-assertion, is a very necessary instrument for functioning on an effective "ego" level in a society which is to a large degree built on a structure of competition. When a real threat is apparent, the individual may have little alternative but to fight for his rights.

Without such hostility or aggressiveness, based on the realities of daily life, no man would be capable of modifying his environment to suit his needs. In a similar fashion, he might have to wait to be seduced in order to fulfill his sexual desires. This *reasonable* form of self-assertion is qualitatively different in feeling tone from the self-primitive and misdirected hostility which stems from anxiety-ridden impulses. This "normal" type of hostility is rarely unconscious, and plays a minor role in the development of the neurosis. It never becomes self-perpetuating, since it is acted out.

Confident self-assertion, or aggression, becomes a pathological factor only when it serves to detach the individual from dependent human relationships. When a human being feels his own need to be independent and self-assertive to the point of denying all personal warmth and ease in his relationships, only then does the phenomenon take on pathological significance. It becomes associated with a kind of underlying grandiosity in which there is constant resentment against any of the significant achievements of other people. In its culminating form, this type of rage takes on paranoid patterns. Such an individual is chronically hostile toward other people in order to justify his own insecurity, which he begins to blame (in projected form) on the apparently hurtful external environment.

Hostility of this type has been correlated in the *libido theory* as *anal sadistic*. The harsh, disciplinarian parents, who produce this type of child, frequently pay considerable attention to the

bowel function. Regularity and precision become instruments of domination over the child, who in turn may utilize bowel irregularity as an instrument of rebellion. Such a child may also begin to treat his bowels as something of tangible value which he can withhold from his hostile environment. The "independent" and *anal* characters, therefore, go hand and hand with the authoritarian figure. Contrast this with *oral* hostility, where the resentment is an outgrowth of excessive dependency and usually is self-punitive and directed inward (*masochistic*).

There is a very thin line between the confident, aggressive individual in a highly competitive society, and the detached, slightly grandiose, over-independent, paranoid individual. The latter is similar, also, to those who place themselves in a position of comparative omnipotence, which they resent having challenged. The man who likes to feel that he knows all the answers cannot help but be hostile to those who challenge him. This is frequently seen among physicians, who become hostile to those patients whom they cannot cure. Either they accuse them of being uncooperative, refuse to see them, or call them "neurotics."

Hostility stemming from envy and jealousy has the same qualities of underlying omnipotence. The hostile individual may recognize fully that the envied person is in no way connected with his failure, but the mere living demonstration (by contrast) of his own inadequacies may be sufficient to generate hostility. This type of person may be incapable of enjoying any experience unless he is competing for it, or unless he *alone* enjoys it. He fails to recognize that most of the basic pleasures of life are available to all, without any undue effort. He therefore cannot enjoy a beautiful sunset, or the love of a woman who accepts him, without a struggle.

Another mechanism of hostility associated with excessive self-sufficiency is observed in those who have been projected into independent roles against their wishes. Many a husband whose wife continuously plays helpless resents being the responsible partner all the time. His plea to the psychiatrist is: "What am I supposed to do when I have problems?" He usually attempts to change his role by expressing hostility to his wife, which only makes her more submissive, and defeats his purpose. Or he may seek extramarital relations where he plays the part of the helpless

"misunderstood husband" to gain a sympathetic shoulder on which to cry.

The "superior" position in human relationships is always an isolated one because it denies healthy dependent needs. Such an individual can maintain it only through chronic hostility toward others. By diminishing their stature in his mind, he makes it possible for himself to be superior and therefore impossible for him, the "superman," to turn to "weaklings" for emotional contact.

In general, these people have to act tough to still their own unconscious fears; they must frighten others to reassure themselves of their invulnerability. They must be in constant control of every situation, or they go into panic. They may develop strong phobias against situations where they cannot be in control—flying in airplanes, undergoing surgery. Their sadistic behavior carries with it no true independency of others, for if their humiliated ones walk out on them, they go into panic and temporarily reverse the sado-masochistic position in order to maintain the relationship. *In such a situation, the oppressor is equally at the mercy of the oppressed.*

DEPENDENCY HOSTILITY

This type of hostility is born out of fear and chronic reliance on other people. It is based on inflated expectations which are a by-product of dependency on others. In infants and children, it takes the form of temper tantrums, and occurs when the over-inflated image of the parental figure fails to fulfill the excessive needs of the dependent child. It is a double-charged kind of grandiosity born out of the underlying insecurity and failure to adapt appropriately. It evolves essentially through the mechanism in which a frightened, insecure child builds up the parental figures, and through his dependency on them, develops a magical omnipotence.

It is a bubble which bursts when the expectations are unfulfilled, and almost invariably produces a profound feeling of hostility. Since this hostility frequently cannot be expressed because of underlying insecurity, it takes a self-punitive form of expression. Almost invariably, this type of dependency-hostility is an outgrowth of overprotective parents who give their children

little genuine affection, and delude them with inordinate expectations in return for submission. Even the best parental care cannot fulfill these expectations, nor can it replace the capacity of the child to function by himself.

The ingratiating, flattering sychophant (a result of the dependency-hostility-submissiveness cycle) has never been a trusted figure. History and literature yield ample evidence that the "Uriah Heep" is never accepted as reliable by his colleagues. The slightest frustration of such a person invariably exposes his hostility, and any weakness evidenced by his adored figure will always provoke resentment and desertion. We obviously cannot put the hostilities of a Uriah Heep in the same category as the grandiose ambitions of Alexander the Great.

Karen Horney has described the hostile reactions of dependency very graphically in *New Ways in Psychoanalysis*:

"Relationships built upon masochistic dependency are replete with hostility toward the partner. I shall mention but three main sources of this hostility. One is the expectations the neurotic has of the partner. Since he is himself without energy, initiative and courage, he secretly expects everything from the partner, ranging from care, help, relief of risks and responsibilities, to maintenance, prestige and glory. At bottom — and this is always deeply repressed — he wants to feed on the partner's life. . . . It is to his interest, however, not to play with open cards, and thus he has to appear as the modest or innocent little boy or girl. . . . It is not he who is egocentric and inconsiderate in his expectations, but he is the one who is neglected, fooled, abused by the partner. Hence the unwarranted anger reactions turn into a vicious kind of moral indignation.

"He is hypersensitive to the slightest sign of disregard or neglect on the part of others and reacts to it with intense anger, which for many reasons is barred from expression. . . .

"Because the masochistic person cannot possibly stand any distance between himself and the partner, not to speak of separation, he actually feels enslaved. . . .

"On the whole, however, the masochistic person's hostility toward the partner constitutes a constant, unrelieved danger, because he needs the partner and is bound to be afraid of alienating him. . . .

"The conflict inherent in the human relationships of the masochistic person is thus ultimately a conflict between dependency and hostility."

Frequently, we see patients who have been disappointed in their dependencies so often that they become hostile almost before they again begin to become dependent. The reason stems from a firm expectation that their dependency is doomed to frustration and failure. This type of hostility is usually paralyzing, self-destructive, associated with an underlying feeling of helplessness. It frequently manifests itself in an unconscious and psychosomatic fashion.

The self-punitive aspects of this type of inverted hostility have been considered a property of the internal regulatory function of the *superego*. It is an obvious outgrowth of childhood dependency, in which the values of the parental figures become incorporated by introjection into the psyche of the child. The more dependent the adult grows, the greater the power of such restrictive ideas; the less effective the dependency remains, the weaker the *superego* becomes.

What are the sociological factors associated with hostility? Why does hostility toward a parent turn into hostility toward society? Are all societies equally resented by the people who comprise them? The greatest degree of hostility seems to be found in those cultures which fail to fulfill the expectations they originally inculcated into their developing members. In other words, where the standards for childhood development are in marked discrepancy to what is offered to the adult, the greatest degree of hostility will develop.

If one brings up every child to believe that some day he will be rich or become President of the United States, the chances of developing hostility in adult life are increased. If one raises a child to believe that sexual repression and submission will be rewarded, and then he discovers that neither has any prestige value, the possibilities of developing hostility are unlimited.

There are some cultures where there is a minimum development of hostility. In these cultures, the standards which apply in

childhood apply in adult life; therefore, in adolescence, there is no basic change in social values. This was especially true of the Oriental countries where (until recently) the population possessed remarkable resignation and acceptance despite many obvious frustrations. They expected nothing and got it.

The effective form which hostility will take in adult life is undoubtedly tied up with the capacity for assertive activity. Where there is no adequate *ego* development, there is little opportunity for direct forms of expression of hostility.

Of course, the more the child has been led to expect, the greater will be his feeling of frustration; therefore the "spoiled child" develops the greatest degree of hostility. Every child has certain minimum expectations of a parent. If a child is brought up in an orphan asylum where at no point does he receive adequate love, affection or reassurance, he will subsequently develop less hostility for an equal amount of frustration than a child brought up by very doting and overprotective parents.

The capacity to generate aggressiveness, and manifest it in an effective way, depends on how much self-assertion parents allow the child to develop. A very adequate child who is reasonably self-sufficient can express his aggressiveness in a constructive fashion. A child with shattered self-sufficiency can react in only one of two directions. He may react with an increasing tendency toward withdrawal and submission, for fear of further renunciation. Or he may indulge in an explosive temper tantrum, which is equally self-destructive.

Before leaving the question of hostility associated with dependency, it would be appropriate to point out that some of the most violent cruelties against the human race have been perpetrated in its name. The individual who is convinced that *his* god is the only one, that *his* loved one belongs to him alone, that *his* intellectual leader alone knows all the answers, that *his* political ideal alone can lead the world to salvation — is capable of the greatest inhumanity toward those who refuse to share his ideals and aspirations. Frequently, the sharing of an ideal is the only basis for bringing people together; but when it fails, because the people involved have no respect for each other as human beings, a falling-out results which can have catastrophic effects.

To sum up, hostility is an end result of defective adaptation along one of three basic methods of defense. Hostility is never primary, and will fall away once the organism comes into effective equilibrium with his environment. The analysis of hostility is of crucial importance in every treatment, but it cannot be an end in itself. We must separate the concept of aggression from hostility. If we don't, we will fall into the dilemma of equating all purposeful activities as hostility, and the markings of "unconscious hostility" will appear everywhere. The endless analysis of hostility, as such, only makes the patient feel guilty, unworthy or anti-social, unless it is studied within the framework of excessive flight, excessive dependency, or excessive self-sufficiency.

The manifestations of hostility are innumerable, and no neurotic symptom exists in which hostility, in one form or another, cannot be traced. We do not find it necessary to postulate any death instincts or similar forces in order to explain the capacity for destructiveness of human beings, either toward the outside world or toward themselves. However, there are so many ways that an anxiety-ridden individual can make a failure of his life that it was no idle fancy which led to the postulation of a death instinct.

We have attempted to describe some of these disturbances in adaptation which lead to failure, but there are some which seem even more striking. Let us review a few of the conditions in which the individual seems almost driven to untold suffering, and never seems to be capable of a sustained pleasurable existence.

The first group of such patients includes those in whom the sexual impulse has been hopelessly intertwined with the hostility drives (*sexual masochism*). The sexual feelings cannot be experienced as exclusively pleasurable sensations and are always associated with "hurt" of some kind. This is a rather frequent occurrence in our culture, which tends to suppress both drives simultaneously. The developing child, in an especially rigid environment, may be unable to divorce the two sensations, and he eventually comes to feel that sexual feelings represent both hostility and assertion. In adult life, the sexual act becomes an experience in which one hurts, or is hurt. In the more severe cases, the individual may recurrently place himself in a hurtful

role as a necessary condition for sexual gratifications. Therefore, in order to fulfill the basic sexual needs, life becomes a series of humiliating experiences, associated with constant disruption of human relationships. Such individuals can neither enjoy the act nor give it up, and life becomes associated with recurrent failure.

In the group of *moral masochists*, we find those individuals who can only make contact with others in a humiliated position. It may have been that the only way that they could make contact with their parents was in an inferior and submissive role. Unprepared for any other technique of contact with human beings, and rather than risk isolation, they pay any price to maintain emotional contact. Such individuals may feel so guilty because of the original harsh parental prohibitions that they will seek out the punishment of humiliation in order to avoid the greater punishments they feel are their due. Thus a man who unconsciously lives in terror of castration because of his oedipal attachment to his mother, may willingly confess to a crime which he did not commit. A prison term may appear less harsh to him than his own unconscious terror, and he may, therefore, be willing to settle for the "lesser" punishment.

The persistence of such guilt feelings is a never-ending source of recurrent failure in adult life. The introjection of harsh parental values may act as a constant censor against any adequate pleasurable fulfillment in later years — far beyond anything experienced by the average person, who is expected only to bring his drives and goals into line with the social norm. These patients can find no pleasures (even those which are socially acceptable) without guilt feelings.

To quote from Flugel in *Men, Morals and Society*:

"Indeed the censor began to appear as in many respects a rigid, infantile, archaic institution, often lamentably out of touch with the realities of adult life; as in cases where, for instance, it would impede a patient in the exercise of his chosen profession because the work of this profession was unconsciously associated with some repressed childish interest, or where it would make a patient feel guilty about an otherwise suitable marriage because a superficial resemblance of the spouse to a near relative had evoked some echo of an incest taboo from the deeply buried and long-

The second group of patients who seem to be driven to failure consists of those who have suffered major defeats and cannot go on living without resolving them or achieving some belated mastery. This pattern is seen most strikingly in the traumatic neuroses of war. A soldier whose confidence has been broken by a catastrophic event seems unable to forget the incident. It may fill his daily thoughts, plague his dreams, and paralyze his future activities. His dreams are filled with destruction, not because he welcomes the experience, but because he feels he has to fulfill his dark forebodings in order to relax and go back to sleep.

He appears to live in a continuous aura of his original defeat and cannot go on to a pleasurable activity until he resolves his major set-back. He derives no pleasure from these painful reminiscences, but acts as if he needs to face the situation over and over again in the hope of some day finding a happy ending — or at least in the hope that some day he can become accustomed to the experience and incorporate it into a new plan for living. This *repetition-compulsion* pattern is also frequently noted among children who similarly attempt to resolve their anxieties. They may constantly re-enact frightening experiences (often with dolls) in the hope of eventually mastering them or dissipating their impact on their daily life. (Freud: *Beyond The Pleasure Principle*)

Another variation of the same pattern is observed in those individuals who continuously attempt to resolve their childhood conflicts in adult life. Their original dependency longings, the early sibling rivalries, the hostilities against parental figures — all these seem to be insuperable battles which they continue to fight in a vacuum. *They were never resolved in childhood, and can no longer be manipulated in adult life, since the original situation is no longer existent.* Such patients constantly precipitate themselves into re-enactments of earlier situations in their impossible battles for lost causes. They are always doomed to failure. The repetition of this type of experience, however, is frequently seen in the analytical situation, and may have a happy ending. This is known as the *transference-neurosis*.

The third, and perhaps the most outstanding, group of failures

consists of those patients who attempt to achieve their gratification in life exclusively through dependency. When faced with potential success, they become frightened, panicky, and wreck it as quickly as possible. Success, for them, may mean a complete reorientation of all their values. It may jeopardize their inferior, dependent role and perhaps allow others to be dependent upon them. They simply cannot visualize themselves playing such a part, and will use every conceivable device to avoid personal success. They have staked a claim on only one type of personal happiness—the gratification associated with childhood acceptance and dependency. Pleasure associated with accomplishment, achievement and self-sufficiency is completely nonconceptual to them. Included in this group are many of our religious fanatics, martyrs—and women who believe that female happiness must always come through suffering.

Whatever form the pattern may take, a considerable portion of the population seems to be driven into constant repetition of painful and humiliating experiences. They represent the most difficult therapeutic problems, and success in analysis may be just as threatening to them. They seem “hostile” to themselves, and are therefore discussed in this chapter, but psychodynamic reconstruction yields little evidence for such a drive as being primary. Hostility directed toward the outside world, like hostility that is self-inflicted, always is related to a breakdown in the three basic methods of adaptation.

The primitive capacity to hate, therefore, can never be resolved in an atmosphere which fails to allow free expression toward self-attainment. Only an individual who has learned to need other human beings without humiliation, and who can find channels to express his capacities as an effective human being, will be able to translate these primitive emergency defense mechanisms into socially useful instruments for the common good.

The capacity to be hostile or to differ is a healthy adjunct to the individual who is unjustifiably oppressed. When a society offers its constituents an opportunity for democratic mediation, only then can primitive rages be translated into healthy expression of a socially constructive nature. And only then can the

antagonisms be restricted to the issues involved, rather than turned against one's fellow-man.

When, on the other hand, a society does not allow a member the right to disagree and forces him to feel guilty when he seeks self-fulfillment; when it fails to allow him social mobility based on individual ability; when it discourages any reaching out for other human beings and bases self-esteem on individual omnipotence and competitiveness; when it allows dependency to exist only on a mythical figure (whether religious or political), while it condones hostility toward those with whom one must live — then hostility must continue to be the destructive force which it is today.

Chapter XV

TRAUMATIC NEUROSIS OF WAR

WHEN a soldier breaks down, the causes are frequently apparent even to the most casual observer. In many ways, the traumatic neurosis that results from such a situation is the most elemental form of psychoneurosis. Yet the theoretical explanation of this breakdown has proved to be one of the major stumbling blocks of psychoanalytic theory.

Attempts to explain the traumatic neurosis on the basis of the tension theories, the libido theory and internal conflict, have all left much to be desired. Some of the special qualities of this neurosis were the ones that led Freud to postulate the death instinct. But the instinct theories, in general, have found the least applicability to this form of neurosis.

For this reason, Kardiner attempted to apply a more functional point of view to the study of the traumatic neurosis of war. His studies introduced many new concepts in ego psychology and the relationship between maladaptation and anxiety. In no other neurosis can the obvious incapacities of the human being become more manifest, and the changes in external environment more overwhelming.

The theoretical framework of these studies of the traumatic neurosis was an important impetus for the writing of this book, which has tried to elaborate on it in order to encompass all neurotic phenomena. Having made such an attempt, let us return to the study of this syndrome which proved such a stumbling block in earlier psychoanalytic theories, and try to derive a more meaningful description.

NATURE OF THE BREAKDOWN

The breakdown in adaptation as seen in the traumatic neurosis of war is the most acute type. Because it occurs with such rapidity,

the neurotic presentation comes into focus quickly, and the manifestations are much more striking. Whereas the average neurotic breaks down gradually over a period of years and has time for checks and balances, the traumatic breakdown under wartime conditions frequently occurs within a few hours.

In ordinary civilian neurosis, disturbances reach far back into childhood and there has been ample opportunity to attempt reparation in a relatively protected environment. There has been time for rationalization, slow withdrawal, maneuvering into favorable positions, finding alternate dependencies, development of compensatory skills, etc. The breakdown, if it occurs, is usually the end result of a long period of defective adaptation.

This is not characteristic of the soldier on the battlefield. While he may have had previous emotional problems, he usually has made some effective compromise with them in civilian life. If his previous adjustment had been too fragile, he would have broken down on induction, in preliminary training, or before embarkation.

On the battlefield, however, the normal soldier may suddenly be profoundly disrupted in his adaptation. All of the factors outlined on page 20, as fostering breakdown in adaptation, may suddenly hit him simultaneously. In combination, they reach such intensity, that not one soldier in the unit can withstand a breakdown. This is what happened in the Guadalcanal campaign.

From the following review of some of these factors, an idea of the intensity of such a combination may be gleaned.

Diminution of Physical Capacity:

Physical injury, fatigue, lack of sleep, hunger, infectious diseases, malnutrition — all diminish the biological resistance of the soldier. These may reach degrees rarely experienced in civilian life.

Chronic illness, such as healed tuberculosis, weak back, congenital defects and bodily constitution may play an important role in predisposing the breakdown in adaptation. Chronic minor defects, which in civilian life may be unimportant, can furnish the nucleus for physical breakdowns under the undue stress of wartime conditions.

The breakdowns in physical adaptation are profoundly disturbing to the soldier. Psychoanalysis formerly equated all these fears of breakdown as extensions of earlier unconscious fears of genital injury. It is true that many an injured soldier tends to experience a heightened terror when there existed an earlier fear of genital mutilation, but to use this extension of the libido theory to encompass all fears seems to do injustice to an otherwise valid concept.

Increase in Environmental Stress:

The sudden increase in environmental stress is crucial in the wartime situation. The soldier must not only withstand noise, cold, enemy, bullets and other menaces, but must experience the constant emotional strain of seeing his fellow soldiers dying about him. These acute rises in environmental stress rarely occur with such intensity in civilian situations.

Change in Adult Environment:

The soldier has to stand up to an entirely new adult life situation for which he may be inadequately equipped. New physical surroundings, new personal contacts and new jobs may increase his over-all sense of insecurity. This factor of unfamiliarity calls for many new techniques of adaptation which the soldier may be incapable of mobilizing on short notice.

Recurrent Failure of Adaptation:

The soldier may be exposed to recurrent overwhelming failure of his adaptive tools. His own personal impotence may be disclosed when he faces air bombardment, blindly authoritative officers, shell fire and other uncontrollable factors. He never has been forced to face so many situations in which he is completely helpless. He slowly becomes conditioned to failure, begins to lose confidence in his own mastery of his environment. He loses the "I can do that myself" feeling and becomes increasingly insecure.

Failure of Childhood Preparation:

The soldier is faced with adult situations for which he has usually been poorly equipped in childhood. All of the painful suppressions of hostility and aggression must be undone, while he learns to kill. His normal methods of taking care of himself are now completely reversed, for whereas he previously avoided danger, now he must learn to fly into the face of it. All of the complicated moral judgments must be replaced by a new temporary wartime "superego." Attitudes toward loved ones, sexual fidelity, personal shyness must undergo revision. He can no longer escape from his feelings of insecurity by turning to his family, going to a movie, playing golf, etc. The normal compensations of civilian life are absent, and all of the childhood techniques of relieving anxiety are abruptly withdrawn.

It is a well-known fact that some individuals who adjust poorly in civilian life may flourish in the army. These special examples pose interesting problems in adaptation, the discussion of which would take us too far afield. Let us proceed, therefore, in an appraisal of the symptomatology of the traumatic neurosis, utilizing our basic psychodynamic scheme.

Before we do so, it would be appropriate to point out that the pattern of breakdown in the traumatic neurosis is largely conditioned by the pre-morbid personality of the soldier—that is, his predominant methods of defense against anxiety in civilian life.

SYMPTOMS OF THE TRAUMATIC NEUROSIS

Symptoms of Withdrawal:

The anxiety-ridden soldier's first impulse is to escape from the difficult situation. This may take many conscious forms: essentially, there is a simple desire to get as far away from the battlefield as possible, whether it be AWOL, malingering, or any other device. If this is not feasible, or if the soldier's conscience will not accept the thought, many secondary unconscious elaborations are utilized: fainting, amnesia and other psychosomatic symbols of withdrawal. If the experience is sufficiently terrifying, there may be complete unconscious repression of the traumatic event,

and the whole episode may be blotted out from memory. In the most severe cases, temporary schizophrenic states simulating catatonia may complete the picture of massive withdrawal.

The mechanism of flight is the most primitive and most therapeutic for the harried soldier. Rado has pointed out that the distinction between the normally frightened soldier and the neurotically frightened soldier is based on their reaction to withdrawal from the battle situation. The former is relieved, and his anxiety gradually diminishes; the latter continues to build up additional anxiety, and the emergency reaction persists even under the protective conditions (*traumatophobia*).

Symptoms of Dependency:

An outstanding feature of the traumatic neurosis may be the greatly increased dependency longings. This is manifested in loneliness for family and loved ones; helpless dependency on doctors and nurses; and sudden strong religious feelings. Associated with this need for increased emotional support, there may be marked regression to infantile states of "oral dependency" — even to the point of the return of primitive sucking reflexes.

The infantile regression may reach the point where all capacities for adult functioning are lost while the soldier attempts to find security in the most helpless state of inadequacy. In no clinical state does the concept of the unconscious desire to "return to the womb" seem to have greater meaning.

Manifestations of hysteria associated with dependency often take the form of bizarre bodily symptoms. Because they are conditioned by mimicry, these have been known to run in fashions in various units or different theatres of war. For instance, in the Aleutian theatre of war, the neurotic breakdowns frequently took the form of "frozen feet," since so many soldiers in the environment realistically suffered from such an infirmity. In other theatres of war, there were different forms of predominant neurotic breakdowns. Thus, a soldier who is about to collapse may therefore take on the pattern of breakdown of the soldiers about him, and epidemics of "hysteria" may break up a harried unit with identical illnesses. Such a wave of breakdowns may simulate the mass breakdowns of "dancing illness" — St. Vitus Dance of the middle ages.

Symptoms of Self-Sufficiency — Overmobilization:

While the broken soldier is crushed in all of his adaptive capacities, at the same time there are simultaneous manifestations of excessive mobilization. This may take the form of tremendous tension, sleeplessness, hyper-irritability, nightmares, and a host of psychosomatic manifestations. All these indicate the need for vigilant protectiveness against potential injury. Readily provoked rages are definite manifestations of the need for self-sufficiency, even while at the same time the soldier is in a state of mistrustful dependency. The soldier may recurrently dream of the traumatic situation in a belated attempt to relive the experience, and thus eventually master it. His dreams, therefore, are filled with violence and catastrophe that may condition him to recurrent failure. When his resentment and hostility become psychologically blocked, the tremendous tensions may become uncontrollable and epileptic seizures may result.

Much of this irritability, tension and hostility results from a paralysis of the usual methods of releasing tension — through creative activities, sexual performance, social intercourse, and the like. It has many similarities to the frustration tensions of the helpless infant. The inability to handle these tensions comes as a result of the breakdown in adaptation and cannot be considered a cause.

What are the precipitating factors, then, in the traumatic neurosis?

PRECIPITATING FACTORS IN THE TRAUMATIC NEUROSIS

Disturbances in Withdrawal:

Those soldiers who feel the greatest need to run away from their inner feelings have the greatest potentiality for breakdown. The soldier who can realistically admit that he is frightened, misses his family, or hates to kill, has a greater possibility for working through his problems. On a conscious level, he can deal with the abrupt changes within himself in a more constructive fashion.

Disturbances in Dependency:

The disruption of normal dependencies of civilian life is an important factor in precipitating an emotional breakdown. The dependencies on wife, family, friends, may be symbolically maintained through correspondence, but have to be partially replaced by a temporary dependency on officers, "buddies," the political heroes, the cause, or religion. All reports indicate that these cohesive dependency factors are most significant in preventing breakdown.

As Kardiner states in *War Stress and Neurotic Illness*: "Battle is a collective enterprise; when it becomes a case for every man for himself, as it can under conditions of demoralization, this is a symptom that the effectiveness of the unit as a whole has broken down. Under these conditions, the individual loses the protection of group solidarity and mutual help and is left to combat an overwhelming situation in which his own limited resources are pitted against imponderable odds."

The recent war, with its high degree of mechanization and specialization, increased the extent of individualized warfare. Thus a bombardier or bazooka expert became almost a miniature mechanized army within himself. This increased feeling of isolation and personal responsibility may have increased the frequency of breakdown, since the opportunity for mutual identification was less favorable.

There are many soldiers who cannot become dependent on other males without anxiety, who have grown accustomed to expressing their dependent longings only toward women. These include those whose father figures were hurtful and castrating; the soldiers with profound unconscious homosexual fears which may be awakened by intimacy with other men; those whose early sibling rivalries with brothers were filled with profound hatred and secondarily covered up by a gloss of ingratiation. All of these unconscious fears and hostilities may be blown up in the absence of feminine figures upon whom they can become dependent.

The dependency on other male figures is undoubtedly fostered by the development of a special wartime superego, which replaces the civilian internal regulation of moral judgments. In return, the soldier may expect all the rewards from his officers which

he originally received from his parents. Failure to receive commendations, decoration, furloughs and other indications of favor may divert the soldier's hostility from the enemy to his own officers.

Disturbances in Self-Sufficiency:

The most effective soldier is the one who is best prepared to meet the battle situation. Adequate preliminary training under battle conditions enhances the feeling of self-sufficiency and the "I can do this myself" feeling. The green replacement may collapse more quickly than the battle-hardened veteran.

Only when the feeling of self-sufficiency becomes excessive, does the chance of breakdown increase. This may lead to foolish risks, estrangement from group morale, disobedience of army regulations, possible quick heroism and subsequent collapse or death. It takes the form of excessive rage toward the enemy when buddies have been killed, and may lead to a senseless rush into sure death against overwhelming odds.

THERAPEUTIC FACTORS IN THE TRAUMATIC NEUROSIS

Withdrawal:

Removal from the battle area is imperative. The soldier should be withdrawn to a more protected environment. Once this is accomplished, it may be helpful to reconstruct the repressed unconscious material through hypnoanalysis and narcosynthesis. If the patient can relieve or abreact his earlier traumatic experiences under favorable circumstances, it may allow him to master psychologically his feelings of impotence.

Dependency:

The helpful ministrations of a kindly physician, nurse or chaplain are important factors in allaying the anxiety associated with a complete sense of helplessness. Returning home to the healthy, more mature dependencies of civilian life is needed for complete transition to recovery. Group therapy and the sharing of emotional experiences with other soldiers may remove

the sense of isolation and guilt so frequently associated with manifestations.

However, the transition to healthy dependencies may be blocked by fostering unrealistic dependencies, especially through government pensions. These often perpetuate a neurosis by fixing the dependency on an infantile level and encouraging a secondary gain through illness.

Self-Sufficiency — Overmobilization:

Excessive tensions and defensiveness may be alleviated by a removal from the battle scene, a return to a protected environment, and by sedative medication. Once the soldier begins to rechannelize his energies into more purposeful activities, this excess begins to dissipate. Occupational therapy and similar activities restore the shattered sense of confidence in his instrumentalities of mastery. The restoration of bodily health through medical care and convalescence give a greater incentive to increasing self-sufficiency.

This schematic discussion of the traumatic neurosis is presented to demonstrate the usefulness of the three basic methods of defense against anxiety in analyzing the manifestations, precipitating factors, and therapeutic factors of this illness.

The traumatic neurosis is, of course, the outstanding example of how it is possible for a reasonably healthy individual to become trapped in a situation where none of his defenses can do him any good. Normal methods of flight, dependency and self-sufficiency may suddenly be inappropriate or impossible under the specialized conditions of war.

The same problems, however, can arise under civilian circumstances. People can suddenly be separated from loved ones, or receive severe physical injuries. They may suddenly find themselves without an opportunity for expression, due to recurrent economic depression or changes in the method of government. Complex sociological changes may make all of their previous values and adaptations meaningless.

Especially in our complex, fast-moving times, it is possible for the isolated individual literally to become trapped by cir-

cumstances. *The traumatic neurosis of war is increasingly becoming the traumatic neurosis of peace.* It no longer seems possible to think of all these problems in terms of inner conflicts. Only in a stable society can we afford the luxury of equating all neurotic behavior with defective childhood conditioning or unconscious emotional conflict. More and more, external factors intrude themselves and present alternatives which leave the harried individuals little room for choice.

A social situation which fails to allow the harried individual any form of escape; which separates him from loved ones or disillusion him from having any faith in the good will of other human beings; which gives him no opportunity to use his potential capacities to heighten his self-esteem — such a situation then becomes the equivalent of a traumatic neurosis of war in times of peace.

Chapter XVI

PSYCHOSOMATIC DISORDERS AS MANIFESTATIONS OF NEUROSIS

WHEN the adaptation of an organism begins to break down, there is invariably some accompanying change in bodily sensation or function. When these changes become a prominent part of the clinical picture, they are labeled psychosomatic manifestations. These physical symptoms represent the most profound analytical challenge to the psychiatrist and his medical colleague — not only because of their grave importance in terms of human incapacity, but because of the diverse factors which go into their production. In psychosomatic disorders there are more biological factors and more patterns of defective adaptation than in any other group of psychiatric conditions.

Hereditary factors, bodily constitutions, physical injury, intercurrent infections, childhood diseases, nutritional background — all these may be of crucial importance in the genesis of psychosomatic disorders, in addition to the character structure, acute emotional precipitants, and the neurotic defenses against anxiety. To add to the general complexity, family patterns and other sociological factors may be decisive in determining individual patterns of psychosomatic breakdown. All of these factors have been the subject of intensive study in recent years, and many attempts have been made to explain these illnesses on the basis of one or more variables, often with limited success.

A careful, analytical breakdown of every possible variable is needed to obtain some insight into a given psychosomatic problem, although in any one individual a single factor or a combination of several can be quite revealing. Thus, one can develop a duodenal ulcer because of an asthenic constitution, early conditioning to food habits, a passive-dependent attitude toward the

world and attempted denial of this by over-aggressive business activities, an intercurrent infection and/or because of sudden loss of a loved one. On the other hand, all of these pre-conditionings may be withstood, and the ulcer will not become manifest until the individual is involved in an automobile accident. Any attempt to explain the entire clinical picture from the point of view of only one precipitating factor is limited, and subsequent generalizations are valueless.

Thus, in evaluating an asthmatic patient, the allergist may find food sensitivities; the internist, sinus infection; and the psychiatrist, an infantile personality. Although each may be right, a single approach may not solve the problem.

More so than in almost any other type of neurotic disorder, psychosomatic difficulties may become manifest without any consciousness of anxiety. The patient may be disturbed only by his physical symptoms, and have no insight into his basic emotional upsets. It is simple enough for a trained observer to find evidence of unconscious problems, but then the therapeutic problem begins. For there is no doubt that unconscious emotional disturbances of one form or another are universal. It is easy enough to find problems in sexuality, problems in unresolved hostility, and problems in frustrations, in any member of our culture. Yet how can one accurately determine the specific set of causative factors at play in the patient? And determining these, how can one correlate them within the dynamic jigsaw of the individual's emotional make-up? This is especially difficult when the patient has no conscious awareness of his own maladaptation. The problem is much simpler with the usual neurotic, who has some recognition of his personal problems, even though it may not concern the basic ones. In the psychosomatic disorders, it is not always clear whether the unconscious emotional factors are specific to the illness, whether they are directly causative, purely incidental or perhaps even secondary to the physical illness. We are also constantly in the dilemma of determining why similar emotional problems exist in other individuals without such psychosomatic patterns of behavior.

In recent years, many observers have attempted to explain specific psychosomatic patterns in terms of sharply delineated character formation. Dunbar writes in *Psychosomatic Diagnosis*:

"Coronary occlusion and hypertensive cardiovascular disease seem to occur particularly frequently among top-dogs and would-be-top-dogs. Anginal syndrome is a frequent finding among prima donnas or big frogs in small puddles. Rheumatic fever and rheumatic heart disease occur among teachers' pets and martyrs. Patients with cardiac arrhythmia, although they have something of the prima donna, give the impression of being children in the dark. Patients with diabetes can generally be characterized as muddlers."

This type of over-simplification may be useful on occasion, but lacks the dynamic correlation necessary for therapeutic purposes. In fact Dunbar's type of popularization of psychosomatic "personality profiles" might easily reverse the usual attitude toward psychiatric illness — people will be more willing to confess to an "ordinary" neurosis than admit to a physical illness!

In the hope of shedding additional light on this complex subject, we propose to examine the problem of psychosomatic disorders in relation to the basic defenses.

PSYCHOSOMATIC REACTIONS TO FEAR AND FLIGHT

When an animal is frightened and must run for its life, the body undergoes diffuse physiological changes common to fear. Muscles tense, heart rate speeds up, respiration deepens, pupils dilate, blood sugar rises; appetite disappears, sexual interest vanishes, sleep impulses are lost. No organ is unaffected. Normal people, too, exhibit these same physical symptoms when frightened. These are automatic (or instinctual) physiological accompaniments of the fear reaction, and have little psychological meaning on a symbolic level. The physiological changes prepare the organism for flight or fight, and involve diffuse hormonal changes of a *sympathetic* (*adrenergic*) origin. They are accompanied by inhibitions of certain functions of a reconstructive nature (digestive, *parasympathetic*) and by excitation of emergency functions (faster heart beat, greater blood supply to muscles). When the emergency is over, these physiological reactions subside, and the organism returns to the calm state normally associated with effective mastery of his environment.

In some people, however, these patterns of fear, panic and

anxiety persist long after the emergency has abated. The perpetuation of or constant recurrence of such anxiety states, with their associated physical manifestations, forms the clinical basis for the anxiety neurosis ("actual" neurosis: Freud; "vegetative" neurosis: Alexander). In most instances, the actual fears remain on an unconscious level and so tend to perpetuate the syndrome. In other words, since the flight reaction usually remains buried, the underlying problem may be unresolved and sustained for long periods of time.

Very often, the psychosomatic manifestations of an anxiety state become less diffuse and tend to localize themselves to one organ system (palpitation, loss of appetite, tremor, etc.). Under these circumstances, where the emotional reaction is suppressed from consciousness, and only the physical symptoms are visible, we describe the phenomenon as an *affect equivalent*, a type of body language replacing the emotional reaction.

This blockage of normal emotional reaction and its replacement by physical symptoms have been of major concern to psychoanalysis. Many of Freud's early cases belonged in this category, and their investigation led to his discovery of the unconscious. The whole development of the libido theory was based on an attempt to explain this physical transformation in terms of fixations on various levels, (*oral, anal, urethral*).

Whatever the theoretical explanation, it is obvious that the blockage of normal emotional expression makes it difficult to resolve the underlying defect in adaptation. Dunbar describes the problem as follows: "Normally the individual who laughs or weeps is able to some degree, at least, to define the psychological reason that impelled him to laugh or to weep. This is not the case with patients who are suffering from a stomach neurosis. Such a patient is not able to describe those emotions which are responsible for his stomach symptoms; he is not even aware of the psychic origin of his symptoms; he will deny it and try to find some somatic basis for his ailment, and in so doing is, in most cases, supported by his physician. The psychogenic disturbance is an unusual or, one should say, an incomplete expression of a psychic tension. It does not give full relief to the causative emotional tension in the same way as laughing or weeping does. The symptom not being able to relieve the psychic tension in the

same way as normal psychomotor reflexes do, a permanent tension is sustained which is the cause of the chronic dysfunction."

Kardiner, in his study of epilepsy and the traumatic neurosis, was among the first to approach this problem from a functional point of view. He introduced the concept of physioneurosis as the result of a blockage of the normal method of release of tension. Alexander set forth similar ideas: "Every neurosis, no matter whether it is expressed merely by psychic processes or by bodily disturbances of a functional nature, is the result of a defeat of the individual in his psychic relation to the environment, in his foreign politics. Every hysterical organ disturbance is the dynamic substitute for omitted actions. In organ neuroses, however, the emotions and wishes to which the individual cannot give expression and relief in social or sexual activities find expression in the unintelligible tacit language of inner vegetative processes."

The biological reasons for the selection of one organ in particular psychosomatic ailments are unclear. It may stem from a constitutionally diminished resistance of one portion of the body, or specialized early infantile conditioning. It is most probable, however, that certain body functions become symbolically associated with a feared emotional or sexual function, and are therefore selectively affected. This explains why a woman who is afraid of sex may develop disturbances in appetite. She may associate eating with obesity which represents an unconscious desire for, and fear of, pregnancy. Or, a man who is incapable of accepting his own hostility, may become constipated because bowel evacuation represents, in his mind, an act of aggression against the world. Thus, almost any bodily function may be identified with impulses which the patient fears or desires. The function then becomes "erotized" or "hostilized" and therefore disturbed during anxious periods (*somatic compliance*).

The most massive type of psychosomatic withdrawal is seen in the *neurasthenic* syndrome, where the patient may be unable to function because of chronic fatigue, backache, headache, loss of appetite, constipation, or sexual impotence. Practically every bodily function necessary for daily contact with the world may be disturbed. Variations on this pattern are frequently noted in the severe depressions and in schizophrenia.

The need to run away produces all of these physical symptoms. The psychosomatic manifestations, however, may lead to further withdrawal. They furnish additional reason or justification for further escape from inner feelings or insecurities. The patient becomes alarmed at his own physiological defenses, is unaware of their underlying motivation, and retreats even further. The man who develops palpitations because of his fear of business competition, may subsequently use his fear of heart trouble to justify further retirement from business activities. In some hypochondriacal individuals, the fear of physical manifestations of fear far outweighs the original difficulties, and produces vicious psychosomatic cycles.

The end result of this vortex of flight may be a serious organic disease which has little psychological relation to the patient's fundamental emotional disturbances.

PSYCHOSOMATIC REACTIONS TO EXCESSIVE DEPENDENCY

These are the psychosomatic reactions observed in *anxiety* and *conversion hysteria*. In these syndromes, the psychosomatic manifestations serve the primary function of fostering their dependency. The reactions need not be physiological, but are essentially designed more for their theatrical sympathy-evoking quality. They are learned by mimicry and have high symbolic value to those who want to be loved by being helpless. They are never seen in animals, are specific for each culture, may fluctuate from decade to decade, and tend to run in fashions. They may appear as hysterical convulsions, paralysis, blindness, deafness, etc., in unlimited variety.

These symptoms are essentially symbolic expressions of a well-defined emotional need or desire. They are expressed through the voluntary neuromuscular or sensory perceptive systems whose original function is to express and relieve emotional tension. Since they have specific meaning for the patient, they may be analyzed like a dream in terms of unconscious desires, phantasy, wish fulfillment, etc.

Fenichel graphically describes the underlying symbolic meaning as follows: "Vomiting may mean, 'I am pregnant'; a convulsion, 'I have an orgasm'; blindness, 'I do not wish to see'; an abasia (inability to walk), 'I want to go to forbidden places and

in order to avoid doing so I do not go anywhere'; or the opposite, 'I refuse to go because staying where I am has a hidden sexual significance for me', or even 'because the function of walking as such ("stamping one's feet on Mother Earth," as Freud said) has a hidden sexual significance.'

Freud originally described these hysterical symptoms as having an exclusively sexual origin, and Ferenczi attempted to clarify this position by postulating that a "genitalization" of the organ system was involved (*The Phenomena of Hysterical Materialization*). In recent years, this exclusively sexual etiology has become less acceptable.

Psychiatric observers note that these hysterical manifestations have become rare in recent years. The *grande hystérie* of Charcot is seldom seen nowadays. This is easily explained by the fact that dependency and submission are becoming, in our present highly competitive society, less fashionable as appropriate methods of adaptation. Women no longer faint easily, and religious fanatics who are prone to this type of symptomatology are less frequently in evidence.

Unconscious guilt or self-punitive factors may play important roles in the genesis of these syndromes. Take the case of a devoted daughter who nurses her cardiac mother for many years, and who unconsciously resents her own inability to get married. The daughter may develop unconscious death wishes toward the mother. When the mother finally dies, the guilt-ridden daughter may punish herself by having a heart attack at the funeral.

Not all of the dependency syndromes take on a bizarre quality. Since the dependent neuroses may be associated with considerable fear and flight, it is possible to have a combination of both in psychosomatic manifestation. In this case, anxiety symptoms such as palpitation, anorexia, diarrhea, and often organ disturbances, are given symbolic meaning and used as instruments of dependency and helplessness.

Thus the frightened, dependent, neurotic individual may start to breathe faster because of anxiety. This normal physiological manifestation of fear may become unconsciously translated into an asthmatic attack, in which the patient is symbolically crying for a protective maternal figure. Or the normal loss of appetite associated with panic may become converted into intractable

vomiting, associated with *anorexia nervosa*, which is seen in the most infantile personalities.

When the symptoms take on a more symbolic meaning (e.g., sudden loss of voice), and are not associated with physiological manifestations of fear, they are labeled "conversion hysteria." The underlying tensions may be effectively suppressed, and "converted" into bodily symptoms, usually of the voluntary apparatus (e.g., hysterical paralysis of arm). These individuals may attain an external calm which is a tribute to their capacity to resolve their tensions through their dependency on others.

Remarkable cures can be obtained in these types of dependency psychosomatic diseases. Any fulfillment of dependency — a visit to a kind doctor, or to a shrine, or a hypnotic suggestion — may cause an almost instantaneous improvement. However, since the basic personality defect remains, new hysterical manifestations will tend to crop up constantly. If they can maintain an effective dependency (on religion, on a doctor, on a husband), they may be able to function on a completely helpless level without any overt anxiety. To maintain their helplessness, they frequently undergo recurrent operations for "symbolic" aches and pains, and spend most of their time in hospitals.

Such people often enjoy their "secondary psychosomatic gains" to the extent that they become effectively crippled for a long time. They may resist any insight which calls upon them for a greater measure of self-sufficiency. In fact, improvement in the psychosomatic symptoms may cause a return of conscious emotional disturbance. Dunbar describes this situation:

"There are cases reported of psychotic patients whose minds seem suddenly clear when they are dangerously ill, only to return to their previous condition as the physical illness improves. And it is common experience to find a perfectly cheerful, normal-appearing patient with heart disease or asthma, who gradually manifests more and more symptoms of neurosis as the somatic disorder is alleviated. Many have had patients who were jittery and neurotic and suddenly become like their old selves and even showed great courage and bravery as soon as they discovered something was really wrong with them — that an operation was necessary, or a special diet, or something of the kind, only to become neurotic again when 'cured.'"

The phobias of dependent patients are based on various underlying fears. They must constantly be in a position to run away, and therefore fear enclosed spaces (claustrophobia), even as they unconsciously desire to "return to the womb." If they fear temptations of their own unliberated, suppressed sexual and hostile drives, they often avoid open spaces (agoraphobia), fast movement, scenes of violence, heights, animals, insanity, and a host of other symbolic external conditions and things.

All of these situations represent loss of control (especially fainting), and therefore bring up the potential punishment or loss of gratification of their dependent needs. They may be unable to make a move without a protective figure around. This is to reassure themselves that they are being cared for. But they also may need such a figure as an additional restraining or inhibiting factor. In order to arrest their hostile guilts toward the individuals on whom they are dependent, they may insist upon constantly remaining in their company (Helene Deutsch).

PSYCHOSOMATIC REACTIONS TO SELF-SUFFICIENCY AND RAGE

The physiological manifestations associated with rage are no different from those associated with fear and flight. In rage, however, since there is an underlying confidence, the manifestations subside when the conflict is over. Only if the rage or hostility is subsequently suppressed and therefore combined with flight, do the manifestations become chronic. These people appear to be constantly overmobilized, as if ever ready to fight. In contrast to the other types, they prepare for action which may never be fully realized. Occasional outbursts of temper or hostility may temporarily demobilize the individual. But the tension soon returns because too often the person doesn't really know what he's fighting. Most of the time, he is "shadow-boxing."

This syndrome is most frequently an outgrowth of excessive drives toward self-sufficiency. Such patients are constantly going forth to do battle, and their inability to play any dependent role keeps them in a state of eternal vigilance. They may consider their own normal dependent needs a sign of weakness, and their symptoms are often covered up by a façade of self-sufficiency. In contrast to the hysteria syndromes, their manifestations tend to be internalized and may have little sympathy-evoking quality.

Such people tend to develop syndromes associated with muscular hyperactivity — gastric ulcer, coronary occlusion, hypertension.

Alexander describes the problem as follows: "This surface attitude of hyper-activity and ambitiousness has also been observed by different internists. Alvarez speaks of the type of efficient, active Jewish business man, the 'go-getter' type, as being particularly disposed to recurrent peptic ulcers. Hartman characterized the peptic ulcer type as a man who is 'encountering obstacles which prove to him trial and handicap which he must, because of his nature, endeavor to overcome.' He claims that the Indians of Latin America and the Chinese coolies never have ulcers, and explains this as a result of the stoic, almost apathetic, attitude, the lack of strain and ambition, characteristic of these races. According to him ulcer is a disease of the civilized world and afflicts chiefly the striving and ambitious men of Western civilization."

Such physical changes as ulcers may have no specific symbolic meaning for the patient. They are secondary to long-standing chronic hyperactivity, the end result of chronic over-mobilization which is the normal accompaniment of fear and rage. The symptom usually has no specific symbolic meaning for the patient, and most frequently occurs in the vegetative internal organs, in contrast to the sympathy-evoking conversion symptoms of the hysteric.

Such an overmobilized individual may seem self-sufficient, aggressive and capable. He often is married, has many friends and an adequate social and sexual life. Although frequently competent and creative, he still lives in a state of constant tension, because of his inability to relax and assume a dependent role. He may never complain, may refuse to see doctors, and tries to hide his manifestations, because to him they represent weakness and dependency. This type of psychosomatic disorder is on the increase, because it is representative of our times, and is occurring with greater frequency among women. It often involves only one organ system — in contrast to the diffuseness of somatic expression of the anxiety state.

When the individual truly becomes self-sufficient in the paranoid manner, a psychotic form of organ disturbance results. There

are no physiological or physical disturbances, but a delusional state of disturbed functioning of internal organs. The patient complains of a "weak heart," "leaking brain," "paralyzed intestines," in order to justify his own inability to fulfill his desired grandiosity. It is an illusory attempt to compromise with reality, and a manifestation of internal breakdown before the patient goes off into accusing the outside world for his failure, in true paranoid fashion.

Such bizarre hypochondriacal manifestations are associated with a variety of complex mechanisms. They may be related to profound masturbatory guilt, with the conviction that the patient has hurt himself by this activity. Such fears of genital injury may spread to every organ in the body (genitalization of bodily organs). In females, it is often related to the terror of sexual hurt in the phantasy of rape. Such masochistic women may be convinced of bodily injury every time they feel a sexual impulse. A similar mechanism may be noted in the passive homosexual with paranoid trends. In the more psychotic schizophrenics, there may be an internalization or introjection of their harsh parental figures, and specific organs may be related to externally hurtful figures. The need to rid themselves of these fears may express itself in an unconscious wish for the appropriate organ to be diseased (preferably to be cut out).

The unconscious perception of bodily organs may be distorted by the basic methods of adaptation of the individual. Thus, a passive individual may visualize all his organs in terms of the fulfillment of his dependent needs. He may see the breast as the source of security; the mouth as a swallowing, sucking organ which can be used for fellatio, or as a vaginal substitute to produce pregnancy; the vagina as a huge hole in which one can be swallowed back to the security of intra-uterine life. The penis may be visualized as a non-penetrating, flaccid organ capable only of urination (premature ejaculation), or incapable of producing semen (*ejaculatis retarda*), and the anus as an intake organ into which enemas are inserted, or as an anal symbol for vaginal intercourse.

By contrast, the overmobilized, aggressive, self-sufficient individual may visualize all of his organs in terms of aggressive in-

tent. He may see the breast as an organ which can smother or choke him, to be bitten and spit out; he may see the mouth as a biting or spitting (ejaculating) organ which can hurt his penis if he should insert it. He may visualize the vagina as a source of castration, filled with teeth (*vagina dentata*) that are able to clamp and destroy his organ, or filled with venereal germs. The penis may be pictured as a hurtful, penetrating and rapacious organ which can rip or soil the female genitalia; the anus as an expelling organ, in which the feces or diarrhea has a noxious, poisoning quality with hostile intent.

In summary, it becomes obvious that the nature of the psychosomatic manifestation is to a large extent determined by the predominant method of defense which an individual uses to fight his anxiety. Alexander and French have attempted in similar fashion to study the gastrointestinal disorders by grouping their patients into three categories — the receptive, the retentive and the eliminative. In a general way, this would correspond to our own formulation. Thus, a hostile patient who is reacting in the self-sufficiency pattern might have diarrhea (eliminative type). A second patient with similar hostility, but who is frightened and has to run away from human contact, might develop constipation (retentive type). He can neither take in, nor give out. A third patient with hostility and dependency would develop difficulties in the oral or receptive region in the form of anorexia, vomiting or excessive ingestion of food. Thus, the same hostility in three different patients might manifest itself in a variety of ways, depending on the predominant method of defense against anxiety. If the individual alternately used various defenses, there would be constant fluctuation of symptoms. One day he might have diarrhea (assertive), the next day be constipated (withdrawal) and the third day he might have disturbances in appetite (dependency) — perhaps vomiting if he felt rejected, or overeating if he felt accepted by the world.

We realize that this rather cursory appraisal of the psychosomatic disorders is inadequate. We merely wish to point out the main lines of approach. Like hostility, the psychosomatic manifestations are secondary defenses, rather than primary to the

genesis of the neurotic disorder. In the analysis of the symptomatology, the patient must first learn to face his basic defects in adaptation; *in other words, we must learn to transform the psychosomatic problem to a conscious neurotic one.* This transition is frequently a difficult and painful one for both the patient and the analyst. The person who can only relieve his headaches by becoming chronically hostile or sexually irresponsible is usually worse off in his over-all adaptation than if he had an occasional headache for which he took aspirin.

The therapeutic approach should be based on an evaluation of the severity of the symptoms and the reservoir of available change within the patient. If the basic defect in adaptation is irreversible, transforming the psychosomatic problem into a characterological one may serve no useful purpose.

As an example, take the case of a fifty-year-old man suffering from palpitations, but who denies having any emotional problems. Analysis reveals profound long-standing sexual incapacity, disturbed human relationships, and chronic inability to find adequate employment. Later in the analysis, it becomes obvious that the patient's personality structure is too rigid to allow any major modifications, and that he justifies all his incapacities on the basis of a "weak heart." Such a patient will undoubtedly resist any form of psychological insight, and probably for good reason. His psychiatric illness may be just as incurable as the most serious organic heart disease. If he gives up his "heart trouble," he may have nothing left to live for.

It is unfortunate that the most complicated psychiatric patients, the psychosomatic sufferers, are the last ones to reach the psychiatrists. If they linger too long, the pattern tends to become irreversible, causes organic damage, and eventually cripples the adaptive capacity of the individual. In certain groups of patients (especially the skin disorders), the psychosomatic pattern may represent the only channel of substitute residual emotional expression, and any attempt to block it may precipitate a major breakdown.

Despite these many difficulties in the understanding and therapeutic application of the concepts of the psychosomatic medicine, this new field opens many vast opportunities for psychiatry and

medicine. Through it, psychiatry can more readily reach the general medical and lay public, and many new horizons in preventive medicine can be realistically approached for the first time.

Chapter XVII

CREATIVITY AND INTELLECTUALITY

THE release of creative drives, or the fulfillment of intellectual pursuits, represents one of the major psychoanalytic contributions to our culture. The attainment of spontaneous creative expression is an important goal of every psychoanalytic treatment. The analyst usually includes this with his discussion of "ego" development or "creative mastery" since the ability to achieve creative expression is crucial to the self-esteem of many individuals.

Every observer has noted how frequently the innate talents of individuals in our culture are crippled. Systematic programs designed to bring out the best abilities in people invariably reveal many latent and unsuspected aptitudes.

On the other hand, as a means of seeking relief from underlying tensions, many people devote their major energies to a multiplicity of hobbies, artistic activities, intellectual pursuits without ever achieving any personal happiness or security in the process.

How important is it that people who have talent develop their creative abilities? While some people seem content to live on simple levels, many others are tortured for lack of further expression. The difference in these drives is to a large extent environmental. It is sometimes indefinable, and occasionally evolves about the problem of inborn gifts, about which we know so little.

In any event, some people seem unable to create except on the wave of a neurosis — and others become paralyzed by the slightest emotional disturbance. Some need good relationships — others can function only in isolation. No aspect of psychoanalysis is as poorly defined, despite the wealth of data which is available. Let us therefore approach this problem with the hope of finding fresh insights, but with the expectation that many questions must remain unanswered.

Mankind is endowed with a very complicated nervous system; his hands have been freed from the onerous burden of bodily support; and he has achieved the capacity for foresight, self-awareness, imagination, speech and symbolic expression. In addition, he has a long period of parental dependency, during which he does not have to struggle for his own existence, and so can learn to use these special endowments.

This early dependency also encourages the idealization of parental figures, which is such an important impetus to the development of artistic talents. It sets the atmosphere, allows for emulation, and provides the tools for future expression. Since the amount of even adequate parental care varies, and since adult environmental attitudes differ in degree of prestige and personal acceptance attached to such creative values, we can see how these drives may differ in intensity and capacity for expression among those who possess them. When parental care is altogether inadequate and the developing child is in a constant state of anxiety, induced by the need to ward off potential injuries (hunger, loss of love, and the like), the individual may have little time to enjoy the luxury of developing specialized talents, and may have little drive in the direction of creative expression.

It is obvious, then, that the three basic sets of defenses against anxiety have a decisive effect on the creative capacity of the individual. For this reason, we will once again use our basic psychodynamic scheme in the problem of creative development and expression.

EFFECT OF FEAR, WITHDRAWAL OR FLIGHT, ON CREATIVITY

Unconscious Inhibitions of Impulses Fostering Creativity:

The concept that unconscious infantile desires, striving for expression, can be redirected into socially useful channels was originally postulated by Freud and labeled "sublimation." Although some writers have tried to devaluate this theory, there is today little doubt of its validity. Since Freud's earliest discussions of sublimation, students of the social scene have repeatedly confirmed the fact that many of our social customs are institutionalized methods of resolving underlying tensions.

Taboos, religious rituals, community dances, economic systems,

methods of warfare, are to a large extent determined by the nature and the intensity of the suppressed impulses of a culture. Every culture uses some more or less complicated system for allowing its individuals to resolve residual hostilities, sexual strivings, or feelings of dependency. If it didn't, the tensions would soon disrupt the society sufficiently to jeopardize its survival. In our own culture, there are many acceptable methods of relieving such strivings: business activities offer an adequate expression for hostility, competition and striving for power; modern advertising and the movies afford much scope for sexual phantasy; religion and politics allow dependent individuals to fulfill the need for an idealized image.

All of the unconscious processes, unknown to the creator, may be symbolized in the various art forms. These often fulfill phantasies and offer a means of unconscious communication to audiences. This has been stated by Schiller as follows (as quoted by Lowenfeld): "All creatures born by our fantasy in the last analysis are nothing but ourselves. But what else is friendship or platonic love than a wanton exchange of existences? Or the contemplation of one's self in another glass? — The eternal longing to flow into and become part of one's fellow being, to swallow him up, to clutch him fast, is love."

The unconscious communication between creator and audience has been carefully explored by Hans Sachs in *The Creative Unconscious*. He points out how even the most painful unconscious human experience can be dealt with in art forms. It is apparently successful only when a tragic ending is provided, which resolves the collective guilt of both the poet and his audience.

In the early years of psychoanalysis, when so many of its concepts were under ridicule, Freud and his followers, nevertheless, found considerable verification for so many of his ideas about infantile sexuality in the enduring literature of the classics.

Thus, Freud, in his discussion of *Dostoyevsky and Parricide* states: "It can scarcely be owing to chance that three of the masterpieces of the literature of all time — the *Oedipus Rex* of Sophocles, Shakespeare's *Hamlet* and Dostoyevsky's *The Brothers Karamazov* — should all deal with the same subject, parricide. In all three, moreover, the motive for the deed, sexual rivalry for a woman, is laid bare."

The concept of sublimation has been applied in a variety of ways. Roheim uses it in its narrowest connotation: "Sublimation means a sublimation of the erotic drive, a substitute for coitus or some other type of libidinal activity." This rather narrow usage of the concept has been replaced by a more functional one in which sublimation represents a mechanism for fulfilling residual tensions deriving from childhood, an attempt to achieve unfulfilled gratifications of unacceptable sexual and hostile feelings in a socially constructive fashion. It is described as follows by Ernest Jones: "A child, for instance, who has conquered a sadistic love of cruelty, may when he grows up be a successful butcher or a distinguished surgeon, according to his capacities and opportunities. One in whom exhibitionistic fondness for self-display was pronounced, may develop into an actor, an auctioneer, or an orator. There comes to my mind a patient who as a child had unusually strong interest in the act of micturition (urination), in the guidance of the flow, in the force of it, and so on. When a little older he was passionately fond of playing with streams and puddles. He is now a well-known engineer and has constructed a number of canals and bridges."

The most successful art forms, myths, dreams, have always fulfilled some unconscious needs of the community. Freud attempted to delineate the totem ceremony as a means of fulfilling the hostile drives of the primitive communities and resolving their death wishes and guilts toward the harsh paternal figure. Most anthropologists disagree with this too specific interpretation of totemism and find that the emotional significance varies in different cultures (see Goldenweiser).

In recent years, the use of spontaneous art production (especially in childhood) has become a useful instrument for interpreting the unconscious. Some authors (Unwin, Money-Kyrle, Simmel) have suggested that without unconscious inhibitions much of the dynamic force of our modern culture would become dissipated. They have pointed out that some of our most completely uninhibited primitive cultures have the laziest citizens and minimal creative accomplishments. Sheer physical work and the subsequent fatigue, is, of course, the most effective way of numbing

unfulfilled tensions. Every religious sect that prohibits sexual activities has utilized physical work as an outlet.

Loss of Creativity Due to Fear and Flight:

When we move away from the institutionalized forms of expression, the problem becomes different. The artist who is striving for a unique sort of attainment, is setting himself apart from others, and is, in a sense, making himself vulnerable. If such a person cannot accept his own impulses, running away from them (or situations which provoke them) may have a profoundly disorganizing effect upon his creative powers. If he cannot present himself to the world as a sexual or aggressive person, he becomes very limited in his channels of expression. Almost any activity can be interpreted unconsciously by such an individual as "exposing" himself. To paint a picture, listen to music, write a letter, even to think or to speak, may expose his underlying fears of expressing his emotionality. He may be capable of expressing himself only when alone, with an attempted denial of it in public. He may sing beautifully, but only in the bathtub; he may do a piece of sculpture, but be unable to sign it; he may be a great orator before a mirror, but fail in front of an audience; he may have a good intellect, but simulate mental deficiency. The need to run away from all sexual and hostile feelings can lead to almost complete paralysis of activities.

Such people, in the normal course of events, usually are forced to flee from their own special abilities and seek refuge in the more socially acceptable methods of relieving inner drives. They may give up strivings for unique creative expression and attempt to channelize their activities into the more usual institutionalized methods — hard work, religion, etc. This may assuage their fears and relieve their guilt, but if they have any outstanding abilities, such a compromise may be unacceptable to them, and they may once again feel like failures.

The artist may then turn to phantasy and neurosis. The best description of the differences in approach between the artist and the neurotic is offered by Freud in his *Autobiography*:

"The artist, like the neurotic, had withdrawn from an unsatisfying reality into this world of imagination; but, unlike the neurotic, he knew how to find a way back from it and once more

to get a firm foothold in reality. His creations, works of art, were the imaginary gratifications of unconscious wishes, just as dreams are; and like them they were in the nature of compromises, since they too were forced to avoid any open conflict with the forces of repression. But they differed from the asocial, narcissistic products of dreaming in that they were calculated to arouse interest in other people and were able to evoke and to gratify the same unconscious wishes in them too."

Many a creative person has resolved his inner doubts and insecurities by sharing them almost in a cathartic fashion, on an unconscious level, with his audience. For most neurotic authors, however, this fails to have any therapeutic effect — witness the lives of De Quincy, Coleridge, Poe, Baudelaire, and Hawthorne (Oberndorf).

While running away affects productivity adversely, some individuals suffer in their creativity from the opposite attitude. They never know when to limit their impulses to create. They start books, begin paintings, and then enroll for courses in the modern dance. They may be highly talented in all fields, but quickly become disorganized. They don't know when and where to make the strategic retreat into an orderly existence. They are of course encouraged in such an attitude by many of our modern thinkers who place so much emphasis on "spontaneity," self-fulfillment and "man for himself" as the road to emotional security. This type of attitude is usually combined with "love" for humanity, but respects only those who are creative, and considers any love relationship built on a more prosaic basis as essentially neurotic.

The whole question of creativity may be clouded by undue emphasis on the neurotic sources of creativity. It may be possible to prove that a painter received his original impetus to create from a frustrated desire to play with his feces; or that an actress's exhibitionistic needs stem from an earlier penis envy — but this fails to account for the huge productivity of many emotionally stable citizens, such as the elder Bach, or an Albert Einstein. It would be difficult to prove that they were "running away" by becoming creative individuals.

It is too pat to ascribe all creative drives to unfulfilled infantile

residues of the Oedipus conflict. Attempts to do so will only succeed at the cost of distorting the facts, and omitting many important steps in the understanding of creativity.

EFFECT OF DEPENDENCY ON CREATIVITY

Adult dependent attitudes can inhibit or stimulate creative achievement. On the one hand, dependency may foster a helplessness and a need to ingratiate which can effectively destroy any possibility of expression. The need to remain the pathetic child may make many a talented adult sterile. The need to be "loved for oneself" characteristically means the need to be loved in a state of paralysis.

On the other hand, dependency may be a powerful stimulus for creativity. The idealization of God or a loved one has led to some of our most beautiful poetry, art, music and sculpture. The poetic productions of Byron, Keats, Browning, Shelley, give ample evidence of the effect of romantic dependency (neurotic or otherwise) on the creativity of those who are so disposed. Brill and Bergler have labeled all poets as fixated on an *oral* level.

The attitude toward revered objects may determine the pattern of creativity. Thus, the early Hebrews forbade sculpture or painting of religious objects, which was undoubtedly related to their fear of and hostility to the "punishing Jehovah." They turned, instead, toward more abstract, intellectual pursuits (self-sufficiency). By contrast, early Christianity, because it idealized more beneficent religious figures, served as an enormous impetus to the development of painting and architecture.

In many of our most successful examples of religious art — witness the middle ages — the creator completely submerged his own personality in his submissiveness to the religious ideal. This self-abnegation is in marked contrast to the self-sufficient creator described later.

Other dependent or romantic art forms are characterized by their yearning for a return to the peace and fulfillment of the child-mother relationship — characterized by Madonna and child motif, pastoral or harvest scenes, soft, rounded and gentle subjects.

Those people who create in order to ingratiate themselves or to seek approval frequently function best in activities which in-

volve other people or an audience. They include our actors, singers, dancers, musicians, and other entertainers. In this group, we find those who either have to be in love in order to find inspiration, or who always need a collaborator. They exploit their talents to gain a sense of personal acceptance. When they make money, they buy affection. Their capacity is subject to the widest fluctuations. When they try to act in an aura of disapproval, or are not sure of the audience response, they develop "stage fright." In group activities, they may be able to function only on the lower rungs of the ladder. When given a position of leadership, they have to belittle themselves and ingratiate themselves with their underlings. Too frequently, their special talents are directed only toward fulfilling their need for dependency; once this is accomplished, they stop producing. The talented young girl who plays the piano well, may suddenly stop when she marries. Even if the husband is disappointed and complains, she no longer has any interest in the instrument.

Since the creativity of this pattern is based on a constant need for approval, long-range projects are difficult. If approval is not forthcoming, discouragement manifests itself. If they receive approval, they feel that their goal is fulfilled, and they no longer need to go on. They are constantly submitting half-completed projects for opinion and never seem to finish them. When the dependent person achieves success, he may become quite frightened. He then feels that he is not being loved for himself, but for his accomplishments.

EFFECT OF SELF-SUFFICIENCY ON CREATIVITY

The individual who can "do it alone," who can mobilize his energies in isolation, is usually the most consistent creator. He is frequently the "narcissistic" creator, ready to defend proudly his creation to the bitter end on a highly competitive level. He is the "lone wolf" who can sit in his room for endless periods of time writing his book, composing his symphony, or devising new mathematical formulations. Even though divorced from close, affectionate relationships, his creativity may remain consistently of a high order and filled with "blood and thunder" (e.g., Wagner). Contrast the endless artistic productivity of "independent"

Michelangelo with his heroic masculine figures, to the soft, affectionate, and frequently unfinished productions of the dependent, non-masculine Leonardo da Vinci.

The self-sufficient producer is usually more intellectual than emotional. He requires no audience, and may be disturbed by normal human contact. In a long-range adjustment such as marriage, he may feel trapped, lose his capacity to create, and seek out a bohemian atmosphere. Any form of dependency on other people fills him with anxiety. He rejects family life and even religion, as disturbing (Gauguin, Van Gogh). He may be unable to join in any group or cooperative activity. If he does, he has to be top man to function effectively. He rejects any approval, love or affection on a personal basis, and seeks to sell only his creative products to the world. He may see himself as a re-creator of nature, a little God unto himself, who waits for inspiration from above. Many cultures confer this special status upon their outstanding creators. His artistic productions become his "children," and lessen his need for effective human relationships.

The breaking away from affectionate dependency and idealization as motivations for creativity often leads to striking changes in art forms. In painting, soft human figures may be replaced by angular abstractions; in music, discordant notes may take the place of lilting harmonies.

The self-sufficient intellectual, as such, usually has to be an intellectual continuously. If he is not being clever, he may feel at odds and lose all capacity for small talk and minor interests which are part of normal existence. He has contempt for any individual who does not share his interests, and seeks out sexual partners who can discuss politics, psychiatry or art in bed. He becomes fiercely competitive, and his strivings and intellectuality are often used as weapons of hostility against others, rather than as a searching for spontaneous expression. This type of creative or intellectual person is usually deluding himself. His dependent needs are frequently just as real as others. He has merely shifted the emphasis from himself to his work.

The decisive factor in explaining this pattern is determined by what role creativity played in the need to gain acceptance or love in childhood. In many families which are anxious to de-

velop talented, intellectual or creative children, the condition is set that unless the child is creative it will be rejected. The basis of approval is conditioned by the child's productivities, rather than by its being a lovable member of the family. This is most frequently observed in a family which places a great deal of emphasis on the child's high grades in school.

The child begins to feel that unless he can exhibit his brain capacity, he will be rejected; therefore, he learns to distrust any other basis for approval. A lack of knowledge or ignorance carries with it the sure expectation of disapproval or humiliation. The child feels the constant need for showing off or being challenging intellectually to achieve personal acceptance. Carried over to adult social relationships, this full-time intellectual may become a bore and a social irritant.

Next, we see the isolated individuals who create under terrific tension, almost in a life and death fashion. They carry in the back of their minds the constant terror that if they fail in the particular project, all will be lost. This type tends to become the full-time creative person, and unless he feels that his creativity is apparent to all, feels that he is nothing. Such an individual is utilizing his creativity as a manifestation of independency, and as a means of fulfilling his affectionate needs. Because he cannot compensate with healthy personal relationships, he feels inadequate and depressed when unproductive. Out of a need for contact with people, and to gain personal acceptance in the same manner he learned with his mother and father, he goes into a burst of creativity to restore his own self-esteem.

Even when he accomplishes this and gains a measure of approval, he still feels unloved. He imagines, then, that it is his work which is loved rather than himself, and lives in terror of going into another unproductive period. Any creativity which follows this pattern is, of necessity, filled with considerable tension and fluctuating capacities. Very frequently, this kind of individual tends to become progressively paralyzed and depressed when he discovers that his creativity does not bring happiness. The creativity can only be restored if he is able to work out his love relationships independently from his particular talent, and allows himself to be accepted without always being the creator. If this can be accomplished, he can undo his earlier environmental influence

which patterned acceptance on artistic or intellectual achievement. His creativity is then restored and he becomes capable of working consistently on a non-competitive level for long periods of time. When he learns that his affectionate relationship does not depend on creative success, each production ceases to become a life and death proposition.

Many a creative person maintains productivity for long periods of time by divorcing his creative life from his sexual and personal existence. He frequently marries a "peasant" woman, in whose love he feels secure, and who leaves him free to produce despite the fact that his colleagues may scoff at his marriage to an "intellectual inferior." Freud, who maintained one of the most consistent levels of intellectual creativity ever observed, seemed to have found such security in his personal life. He is quoted by Reik in *Listening with the Third Ear* as advising him, "I can only tell you of my personal experience. When making a decision of minor importance, I have always found it advantageous to consider all the pros and cons. In vital matters, however, such as the choice of a mate or a profession, the decision should come from the unconscious, from somewhere within ourselves. In the important decisions of our personal life, we should be governed, I think, by the deep inner needs of our nature."

The cultural scene at the present time is such that affectionate relationships generally occur between people who are primarily attracted to each other because of their works or talents. While this at times enhances the relationship, it may add to an over-all feeling of insecurity, because it can so easily detract from healthy dependency. Since every achievement gains considerable incentive from the desire for approbation, it would be absurd to state that creativity can be fully divorced from effective social and personal relationships. But to make this the only basis for a relationship menaces a couple's existence together. The author who fears his wife's contempt or sexual rejection if his next book is unsuccessful, is certainly not in the best position to produce. The man who feels that his wife married him because of his great economic success cannot be fully assured of her basic affection should a future depression wipe out his earnings. The woman who knows that her husband married her because of her artistic

talents, cannot take the chance of having children. Since this would temporarily cut down her activities, the fear might arise that her husband's love would wander.

Full-time intellectuals frequently also destroy their relationships out of sheer boredom. If they marry on this basis exclusively, which they frequently do, they may have an exciting time during the courtship, but marriage imposes an impossible strain. They are now thrown into contact with each other many hours each day. Who is continuously able to pour out original ideas? Sooner or later, the source of creativity and spontaneity dries, and the marital partners will find themselves unable to relax with each other in a natural fashion. They may attempt to restore the original interest by going to meetings, exhibits or concerts every night, but the basis of the attraction is disturbed. The woman discovers that her husband is lacking in "something" (or vice versa) and desires spring up for new companions who can stimulate her intellectuality. These relationships are made recurrently, but generally collapse.

Intellectuality and creativity can never be the exclusive basis of a long-range sexual relationship. These qualities are, of necessity, periodic, and at times, almost inspirational. They represent heights of achievement which cannot substitute for healthy overt emotional expression, which is the most cohesive factor in human relationships. Outgoing emotionality, especially in the sexual experience, is incompatible with the intellectual detachment needed for creativity. It is difficult for a brilliant mathematician to review the quantum theory while engaged in the sex act. In this situation, his instincts are in control on a non-voluntary level, and if he and his partner have no affectionate-emotional basis for this relationship, they are in trouble. The individual who cannot love another in a noncreative atmosphere is essentially cruel — for he sets impossible conditions for the relationship. He denies the other the right to be "foolish," "emotional" or "weak" and thus destroys the most important bond in human relationships — the occasional desire to be loved "for oneself."

In summary, let us state that creativity is at a minimum in those cultures which fail to give effective parental care, e.g., Alorrese. Only a culture which allows its developing children an

opportunity for effective "ego development" can produce creative citizens. As an outgrowth of such care, the child may learn to idealize, to become dependent, to romanticize, to worship, and to translate these yearnings into artistic productions. The suppression of impulses, which so frequently accompanies these developments, may then find expression in creative, socially constructive activity.

In our own culture, all of the neurotic defenses against anxiety may color the nature and quality of the achievement. The neurotic component may either cripple or enhance the capacity to work effectively.

In analyzing the emotional factors which go into creativity, it is important to remember that creativity cannot be judged solely by its motivation. It must also be evaluated in terms of its effects. It is more important that the work be gratifying to its performer, and of interest to society, than that it stem from selfless motives. A great surgeon may have reached his goal because he originally wanted to castrate his father. If he is a good surgeon and can continue to be effective, it is probably unimportant to analyze his motivation. Only when creativity is paralyzed need it come under intensive investigation; otherwise it is too easy to fall into the trap of finding a neurotic basis for every human endeavor which is off the beaten path.

In the words of Freud in *Dostoyevsky and Parricide*: "Before the problem of the creative artist analysis must, alas, lay down its arms."

Chapter XVIII

THERAPEUTIC VALUE OF PSYCHOANALYSIS

HAVING concluded our survey of psychoanalytic theory, let us return to the primary concern of psychoanalysis — its role in the *treatment* of emotional problems. How does psychoanalysis influence long-standing distortions of human personality such as we have described? It is our belief that all of the neurotic defenses against anxiety are subject to modification under psychoanalysis.

Psychoanalytic treatment is essentially based on a relationship between two people — one helping the other. The physician, in the course of helping his patient, plays many roles. This not only depends on his own behavior but, more important, on the fact that the patient constantly visualizes the doctor in varying perspectives, depending on his own fluctuating needs in the course of the analysis. Let us outline some of the roles which the analyst is capable of assuming in his relationship to the patient.

THE ANALYST AS A FRIEND

Mere contact with another sympathetic human may have a powerful therapeutic effect. Many neurotic individuals have driven themselves into such isolation that they have no opportunity to air their problems to a friendly listener. In this capacity, the analyst serves the same function as an old-fashioned family practitioner or a good friend. Successful analysis, however, must slowly replace this relationship with outside, healthy social contacts.

THE ANALYST AS AN IDEALIZED PARENT (OR GOD)

In this type of relationship, the analyst is transformed into a substitute parental figure and all of the magical expectations of

such a relationship come into operation. Under these circumstances, the analysis takes on the aspect of a confessional, and the transitory alleviation of symptoms which may take place does not differ from that obtained from any "magical" cure: church confession or Christian Science. Occasionally, this temporary recession of symptoms may serve a useful purpose, allowing a free interval for the development of new capacities. Usually, however, new capacities do not develop; the symptoms return, and then considerable hostility rises against the parental figure who has failed to fulfill the inordinate expectations (negative transference).

Many of the most potent temporary therapeutic effects of this nature are accomplished by old-fashioned hypnosis, in which the patient completely submerges his own individuality to that of the hypnotist and, through suggestion, temporarily gains confidence and strength.

THE ANALYST AS A PERMISSIVE PARENT (OR DEMOCRATIZING FORCE)

This type of relationship is one in which the patient becomes dependent on the analyst, grows up under his protective wing, develops new techniques of adaptation, eventually assumes a democratic relationship with the analyst, and departs as an improved personality. This is the emotional reeducation of Alexander, French, et al. Usually, in such a relationship, the patient, for the first time, comes into a dependent role where he is not hurt or humiliated. The authoritative figure, in contrast to his parents, takes a more permissive, accepting position, and this attitude spurs the patient on to new achievements without fear of punishment or reprisal. All of his infantile guilts may be resolved as he finds an ally who is not condemning. With this new experience, the patient can then come into healthy dependencies to sustain him outside of the office. With healthy personal relationships and new capacities for independent functioning, the originally over-inflated image of the analyst slowly becomes deflated and the patient can then function on his own.

None of these various personal relationships with the analyst need be on a verbalized or intellectualized level to be effective. They are primarily emotional experiences, which may or may not

be analyzed, and their counterparts are frequently seen outside the analytical office with friends and family in life situations. By themselves, they cannot be the basis for a completely controlled therapy, although they do account for some of the improvement.

Let us discuss the more intellectual (insight) aspects of psychoanalysis.

THE ANALYST AS AN EFFICIENCY EXPERT

One of the most useful aspects of analysis is introducing the patient to himself. Disturbances in flight or withdrawal, disturbances in integrated activity, disturbances in dependency, can be analyzed and interpreted to the patient. The patient may be shocked by what he learns of his actions, the inefficiency of his behavior, the nature of his motivations, and his blindness to the social forces in operation. In this type of evaluation, dream interpretation strikingly demonstrates his own internal drives. Analysis of the patient's behavior in the office (transference phenomena) gives new insights into the character formation. This type of *status quo* analysis may be useful therapeutically, and is the basis of the therapy of Karen Horney and her school. Unfortunately, however, for the average patient, the mere understanding of where his machinery has broken down and what his internal conflicts are, may not be sufficient to cure all of his difficulties. He may find that although he understands what is wrong with his interpersonal relationships, he is still unable to change.

THE ANALYST AS AN EXPLORER OR GUIDE INTO THE UNCONSCIOUS

This is the basis of the original Freudian therapy. The patient not only learns what is wrong with him, but how it developed in the first place. He recaptures early experiences, sees their impact on his present disturbances in adaptation and relives them emotionally. He finds his dreams filled with the residues of early childhood experiences, obtains a long range view, learns how they affect his relationship with the analyst and the world. He becomes aware that his present behavior is a continuation of infantile conditioning and that it no longer serves a useful purpose in adult life.

All of the complicated symbolism of dreams, their relationship to present behavior and their origins in childhood serve to open up new areas of understanding for the patient. The unconscious methods of defense — the repressions, sublimations, reaction-formation etc. — are all exposed in the light of their origin, their impact on daily life and their effect on the relationship between the patient and his doctor.

The relationship between patient and analyst is usually of crucial importance. It is a test-tube life situation in which all the personal difficulties of the patient will become manifest. Unresolved dependencies, hostilities, sexual drives, and the like, which disturb the patient in all of his personal contacts, will come to the surface, and can be exposed to microscopic dissection under laboratory conditions. The analysis of these reactions (transference analysis) can provide the patient with some of the most striking insights into his own disturbed behavior.

All of the emotional reaction which he has been incapable of expressing since childhood may find fulfillment in the transference relationship. This may have a powerful therapeutic effect — for when the patient learns that he can be dependent, angry, or have sexual feelings toward the analyst and nothing catastrophic happens, he becomes liberated from many early fears.

The analysis of his resistances to the analytical procedure gives the patient new insights into inner psychic processes. Layer after layer of conscious attitudes are shorn off as all the defense mechanisms of unconscious flight are exposed and directed. Each new insight is interpreted to the patient when the analyst feels that he is prepared to accept and integrate it into his newly found image of himself. The historical reconstruction may occasionally be aided by hypnosis, or the use of drugs.

This intellectual aspect of analysis may be profoundly therapeutic, for the mere process of thinking constructively is an important antidote to anxiety. When a meaningful "explanation" is put into the patient's hands, it may become an instrument for combating his emotional reactions, since it means a restoration of intellect over fear. It represents an aid toward self-understanding, an additional weapon for the "ego." Such intellectual construction, if emotionally acceptable to the patient, takes his

neurosis out of the area of mysticism and gives him a greater chance in his battle for survival.

The intellectual structure which the patient uses to understand his neurosis need not be correct to be therapeutic. There are a multitude of "systems," analytical or otherwise, which patients have used to feel better. Many a charlatan can report good results with, what seem to us, a farcical set of concepts. It is the function of analysts, however, to supply the most universally sound and therapeutically meaningful concepts toward the treatment of neuroses. An incorrect interpretation, however, at a critical moment is sometimes better than none, and the theoretical system is frequently modified to meet the needs of the patient, for the patient is going to use only that which fits his particular problem, anyhow. The patient may pick up a most insignificant remark and use it very constructively, while he proceeds to disregard the brilliant intellectual gems of the analyst's therapeutic orientation. As long as the patient can use his insights to "learn" and re-educate himself for effective living, that is all that really matters.

How intensive should a historical investigation be? It obviously can go on endlessly. There is no limit to the recollection of memories or to dream analysis. One can become lost in the morass of early experiences, and never get anywhere. There seems to be only one logical criterion — the past is important only in terms of its impact on the present.

The patient slowly learns that the analysis or the analytical relationship, in itself, cures nothing. For the life situation is the battlefield where the victories are won. Analysis is not a substitute for living, but can be a useful adjunct. The relationship with the analyst may serve as a temporary crutch, intellectual insights may spur the patient on, but the capacity to build an effective life is based on his ability to translate these new values into a meaningful existence.

Those neurotic attitudes of the past which have been resolved effectively concern us little. We should selectively channelize the investigation of the past in terms of those persistent residues that are still hampering the patient in his daily life. Surgery has now reached the point where a diagnosis of appendicitis can be made preoperatively, the abdomen entered through a two-inch incision,

and the wound closed quickly. In former years a complete abdominal exploration was performed for any complaint in that area, with an incision up to twelve inches. Psychoanalysis must become equally as efficient. We cannot afford to do an "autopsy" on every patient before we heal his wounds.

It is a little ridiculous to expect every patient to relive the whole history of the psychoanalytic movement as he explores his neurotic past. It is the function of the analyst to provide some framework for channelizing his thinking. There is much incontrovertible data concerning human behavior which the analyst can offer without disturbing the course of the patient's analysis. We cannot expect every patient to be another Columbus discovering America. While such an attitude of direction involves certain risks, and jeopardizes the scientific objectivity of the patient's subsequent associations, it is the only alternative to therapeutic chaos.

When a patient arrives in a panic with his whole world collapsing about him, we may not have time for complete historical analysis. If the house is on fire, we expect the fire department to put it out before they investigate the cause. Under these circumstances, the analyst may defer his intellectual explorations until the patient's anxiety, or his troubled life situation, is under control. He may find it necessary to act temporarily like a friend, adviser, or substitute parental figure.

THE ANALYST AS A CONDITIONED REFLEX EXPERT

In certain cases when historical analysis, character analysis, and transference analysis fail to achieve successful results, still another therapeutic approach must be tried.

This approach is most necessary in the "masochistic," type of patient. These people are so conditioned to failure, are so unable to conceive that they can function successfully, that they develop anxiety and withdraw before they even try. All of the intellectual insights cannot break what is apparently a fixed conditioned reflex of anxiety. In this type of patient, further intellectual elaboration, insight, or recapturing of infantile experiences may serve no useful purpose. They are "punch drunk" with failure, and can learn to function only if they can be maneuvered into successful experiences. Their new-found success may fill them

with increasing anxiety because they are so unaccustomed to it. They are so afraid of losing their success that they may have to destroy it in order to relax in a state of accustomed failure.

The resolution of this type of problem is the most difficult in psychoanalysis. It can only be handled in easy stages. The daily realistic activities come under detailed investigation, and openings for possible successes are sought for by both analyst and patient. It is understood that each new experience will, of necessity, be filled with anxiety. One can only hope that with each new experience, the anxiety will be lessened and the retreat be less hasty. It takes superhuman patience for both the analyst and patient.

Let us assume that the problem is related to seeking a job. After preliminary characterological, transference, and historical analysis is completed, and all the psychological attitudes toward authoritarian figures elucidated, the patient begins his journeys. The first time he meets a potential boss, he becomes paralyzed with fear and goes into panic for six days. He goes back to job-seeking, and even with the help of the reinterpretation, suffers the same panic. This time, however, his intellectual insight breaks through and lifts the panic after four days. The process is constantly repeated with consistent encouragement.

If all goes well, each successive experience may be associated with a shorter period of anxiety. Eventually, the successful patient may be able to control his anxiety during the actual interview with the boss, and to get the job. If he is a model patient, he will eventually learn to handle the anxiety before he enters the interview. The patient has to be taught that the whole experience is like a prize fight, with an unlimited number of rounds. As long as he's in the ring punching, he can lose round after round and still win the fight with a single knock-out punch. One successful experience may mean more than all the failure, and if exploited to advantage, may change the course of a patient's life. To the female who has never been able to have an orgasm, to the man who has been unable to ride in subways — one successful experience may be enough to break the eternal cycle of defeat.

When this phase of the analysis is completed, another transition is necessary. The patient who was so innocent of psychological insight when he first arrived in the office, and who subsequently

became so clever at it, must learn to undo his intellectual control over his new-found behavior patterns. These new patterns aren't worth much if they continuously depend on intellectual effort in order to be maintained. They must slowly be worked into an automatic, emotional and spontaneous way of living. The analyst assists in this process by slowly retiring from his impersonal, intellectual role toward the latter months of the analysis, discouraging too great an intellectual effort and frequently taking a friendly position. Under the best of all possible conditions, such a patient leaves the analysis convinced that he can do as well as the analyst can in any further effort toward the solution of his own problems.

THE ANALYST AS A SOCIAL WORKER AND EDUCATOR

Psychoanalysis has been in a position to influence every therapeutic factor in the treatment of neurosis, with perhaps one exception — the lessening of environmental difficulties. Since the beginning of analysis, analysts have felt this beyond their province. This undoubtedly stemmed from the original belief that all neurotic behavior was a continuation of infantile conditioning and that the environment was secondary. This attitude has been modified; the impact of recent war experiences on psychiatrists has resulted in a more realistic orientation toward the daily adaptation of the patient. Psychoanalysis can help the patient manipulate his environment with greater insight, and can channelize his attempts at personal reeducation. Psychoanalysis is being performed less and less in a vacuum. Many an analyst is now willing to see members of the family, attempting to modify their attitudes, in order to ease the burden of the patient's problems. This is especially important in complex marital sexual problems where the cooperation of the partner may be decisive.

THE PHYSICIAN AS AN ANALYST

The increasing shortage of psychoanalysts, the rising awareness of the extent of psychosomatic disorders, the lack of psychiatric orientation and training in many of our physicians, have raised the problem of the need for almost every doctor to be analytically oriented. Especially in the field of psychosomatic disorders, it

becomes important that the original separation between the psychiatrist and the physician be bridged. It no longer seems so important that one doctor listens to the heart while the other explores the unconscious. There are many indications that in the not too distant future, many emotional problems will be handled on the general medical level by the newer physician, who will guide the medical course of the patient's problem. When this hoped-for goal is achieved, it will be possible for the specialized analyst to devote his major energies to particularly complicated cases, which need only the most intensive and expert handling.

In elucidating the therapeutic value of psychoanalysis, it becomes obvious that analysis is capable of opening to the suffering neurotic patient many channels of escape from his emotional problems. If the problem is a relatively simple one, the psychotherapist may limit his role. In case of a very complex emotional problem, over a long period of time, the analyst may have to play many roles — that of a friend, reassuring parent, efficiency expert, historian, guide to reality, educator, physician, etc. Every therapeutic device may be needed to fulfill even minimum expectations of recovery under difficult conditions.

It has become increasingly clear that multiple therapeutic approaches are needed, rather than multiple therapists. A well-trained analyst is able to play a multiplicity of roles, depending on the need of the patient. Only in this way can the patient eliminate the element of trial and error in searching for the right kind of therapist to fit his particular problem.

The analyst, under these circumstances, decides which patients must be treated by deep exploration of the unconscious and which ones would be thrown into a panic or a psychosis by such a procedure. He decides which patients need a friendly reassuring role and which ones can only be treated by an impersonal objective attitude. He decides in which patients the reality factors are predominant and in which the childhood conditioning is most significant. He decides which patients are inaccessible to any direct psychological approach and must be treated by hospitalization, shock treatment or brain surgery, before they can be made accessible to psychotherapy.

From time to time, individual therapists have discovered that,

by limiting their approach, significant therapeutic results could be achieved in a shorter period of time. These briefer forms of therapy are all based on a singling out of one of the many therapeutic factors in psychoanalysis.

It is true that some patients will improve without historical reconstruction; that a friendly warm-hearted doctor may do much good; and that an overbearing doctor may help his patients by powerful suggestion or by pills. The problem, however, is not to find "exclusive methods of therapy," but to evolve an approach that will combine all the therapeutic factors within the framework of psychoanalysis. Only then can the doctor freely choose and modify his approach to meet the individual needs of the patient, and thus become the master of his technique, rather than the slave of his "system." It is seen then that the road to "brief therapy" can come only through an awareness of all the alternatives, and a willingness to admit that there is no single road to mental health.

The problem now ceases to be a question of whether the analysis is deep or superficial, and is rather concerned with whether it "works." Only an adaptation based on every possible available defense against anxiety, and exercised in a fluid, flexible fashion, has any hope of achieving lasting success.

Our job is not to "take away" from psychoanalysis, but constantly to add to it, in the hope that as we go along, more and more citizens can be helped to take their places as useful and mature members of the community.

Psychoanalysis offers many advantages to the individual who is plagued by emotional difficulties. At its best, however, it still represents *only one* technique by which one human being can help another. Of course, there are many other ways that people can be helpful to each other at times of stress. Those over-eager proponents of psychoanalysis, who seem to imply that, before analysis, nobody ever successfully resolved his emotional problems, are performing a disservice. For the fact is that human beings have always needed each other; and psychoanalysis, based on a temporary and impersonal contact between physician and patient within an analytical office, can never substitute for healthy and helpful relationships in real life.

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